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ABSTRACT

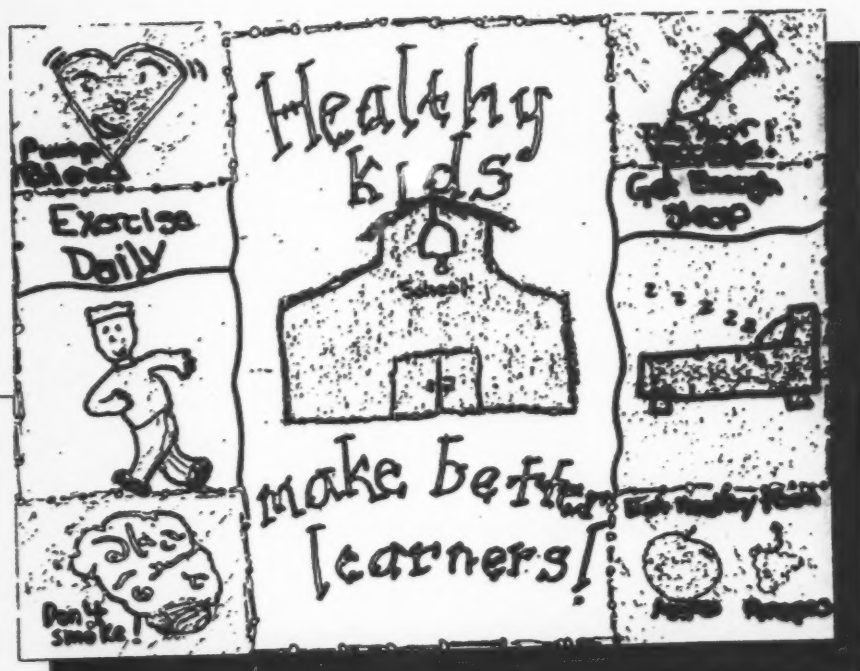
Recognizing the relationship between child health and success in school and the importance of health insurance in remaining healthy, the Healthy Kids, Healthy Schools project of Consumers Union works to connect children in schools with California's state-sponsored health insurance program. This guide provides ideas on how a school and community can participate in enrolling children in Healthy Families and the Medi-Cal for Children programs. Chapters 1 and 2 of the guide present several methods for school-based outreach and enrollment, including working with Food Service Directors and the School Lunch Program to send information home to families, hiring a health coordinator for the district, and training youth to talk to their peers about the programs. Chapter 3 provides information on providing follow-up with families to ensure that they understand how their children's insurance works. Chapter 4 focuses on funding and how schools can access money to support their programs, including resources through the state as well as foundations. Chapter 5 offers suggestions to help schools and community groups in joining forces to ensure means of promoting Healthy Families and Medi-Cal for Children. Chapter 6 provides basic information on legislative and budget processes and ideas for advocacy. Twelve appendices include sample materials and a list of principles for strategic advocacy.
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Healthy Kids Make Better Learners

A Guide to School-Based Enrollment in State-Sponsored Health Insurance Programs



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Many others contributed to our research and to the contents of this guide. We wish to thank all these contributors including: Don Bolce of the LEA Medi-Cal Technical Assistance Project, Tanya Broder of the National Immigration Law Center, Kelly Brooks of the California State Association of Counties, the California Budget Project, the California Immigrant Welfare Project, Dana Hughes of UCSF Institute for Health Policy Studies, Barbara Loza-Muriera formerly of School Health Programs in San Francisco Unified School District, Pat Morrison of the California Department of Health Services, Claudia Page of the California HealthCare Foundation, Roberta Peck of the California Children and Families Commission, and Michelle Harper and Oga Cho of Consumers Union. Thank you also to the following organizations: the California Department of Health Services (DHS), the California Department of Education, DHS' School Health Connections, and the Managed Risk Medical Insurance Board.

We offer special thanks to our partners in the school districts and community organizations who have implemented children's health insurance projects and are featured in this guide. We express our appreciation to other school districts, their Food Service Directors, Healthy Start Coordinators, and school nurses, local government agencies, and community organizations who have established programs, or are in the process of establishing programs, to reach out to and enroll children in health insurance programs.

This guide is made possible through the generous support of the David and Lucile Packard Foundation.

About Consumers Union

Consumers Union is a nonprofit organization that advances the interests of consumers by providing information and advice about products and services and about issues affecting their welfare, and by advocating a consumer point of view. Consumers Union's income is solely derived from the sale of Consumer Reports, its other publications and services, and from noncommercial contributions, grants, and fees. Consumers Union's publications and services carry no outside advertising and receive no commercial support. Staff from the West Coast Regional Office advocate on behalf of consumers in California's legislature, administrative agencies, and courts, with a focus on the concerns of low and moderate income consumers.

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Children who have health insurance are more likely to be healthy, and children who are healthy are more likely to succeed in school. School administrators, board members, and teachers know that illness hampers learning. They know that students who often miss school because of illness are likely to have difficulty staying on grade level and that students who come to class in pain and ill are not likely to fully absorb their lessons. School personnel know firsthand that having access to health resources and receiving preventive services help students come to school ready to learn. School districts throughout California are taking concrete steps to improve the physical and emotional well-being of their students: they are trying to get them health insurance and access to health care.

The Healthy Kids, Healthy Schools™ project of Consumers Union works to connect children in schools with California's state-sponsored health insurance programs, Healthy Families and Medi-Cal for Children. Healthy Kids, Healthy Schools, funded by the David and Lucile Packard Foundation, partners with schools to increase enrollments of youth from low- and moderate-income families in these and other health insurance programs.

This guide provides ideas on how your school and community can participate in enrolling children in Healthy Families and Medi-Cal for Children. Chapters 1 and 2 present several methods for school-based outreach and enrollment. These include working with Food Service Directors and the School Lunch Program to send information home to families, hiring a health coordinator for the district, and training young people to talk to their peers about the programs. Chapter 3 provides information on providing follow-up with families to make sure they understand how their children's insurance works—what they need to do to continue enrollment and how to understand and navigate within a health care plan. Chapter 4 focuses on funding and how schools can access money to support their programs, including resources through the state as well as foundations. Chapter 5 contains suggestions to help schools and community groups that want to join forces in the effort to insure California's children. Partnerships between schools and community-based organizations have proven to be a highly effective means of promoting Healthy Families and Medi-Cal for Children. Chapter 6 provides basic information on legislative and budget processes and ideas on how to get your opinion heard. Lastly, the appendixes include copies of forms and other items that may be of use in your program.

This guide is one of many resources available to you. Schools and school-community partnerships are already working on this issue and may have resources to help you as you plan your program. Information on some of these programs is provided in this guide and on the Healthy Kids, Healthy Schools project web site at www.healthykidsproject.org. You know your district and school population. Use these resources to choose what would work best in your community to reach families whose children may be eligible for California's health insurance programs.

While there are no easy answers to the challenge of keeping our children healthy, involving schools as partners in any state-wide health promotion effort is essential. With adequate support and resources, California's schools can help extend health insurance coverage to the more than 1.85 million uninsured children in the state. Please join the many schools, districts, and community-based organizations working to increase the number of insured children in California. Securing health care for children is the first step toward healthier kids, healthier schools, and improved learning.

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OUTREACH: Getting the Word Out



Kristen Cecchetti, age 8, Deterding Charter School

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CHAPTER 1: OUTREACH

GETTING THE WORD OUT

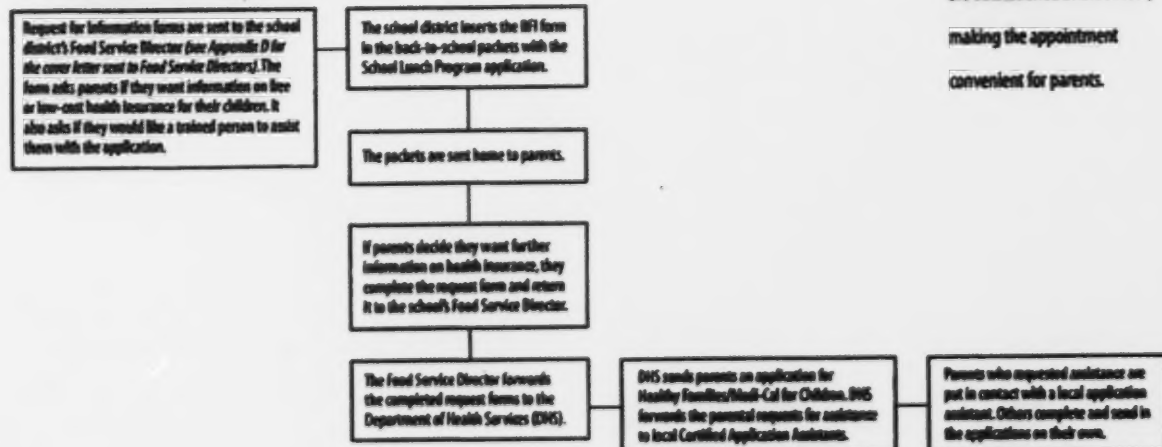
Reaching out to families who have children eligible for free and low-cost health insurance can be one of the most challenging and important steps in the process of enrolling children in Healthy Families and Medi-Cal for Children. Schools and their partners inform families about the availability of health insurance in many different ways. This chapter reviews some strategies tested in school districts across California. You know your own community best. Use your creativity to adapt these approaches to best meet the needs of your area.

The School Lunch Program Application

Because the income eligibility guidelines for the School Lunch Program are similar to those for Healthy Families and Medi-Cal for Children, the School Lunch Program can be a good way to identify children who may be eligible for, but are not yet enrolled in, the state's health insurance programs. Consumers Union, in collaboration with Department of Health Services—School Health Connections office and Medi-Cal eligibility branch, California Department of Education, and the Managed Risk Medical Insurance Board (which administers Healthy Families), developed a Request for Information (RFI) form that schools can send with the School Lunch Program application to inform families about health coverage (see the RFI form in Appendix B and on the Healthy Kids, Healthy Schools web site, www.healthykidsproject.org).

The Department of Health Services provides schools with free copies of the RFI, which is available in 11 languages (see the order form in Appendix C). Below is a flowchart that outlines the basic outreach strategy. Some schools with limited resources choose to implement the basic strategy to help with outreach. Other schools have adapted the basic model to suit their particular circumstances and have programs that go beyond outreach. Visit the *Healthy Kids, Healthy Schools* web site, www.healthykidsproject.org, to learn more about schools using the RFI as an outreach tool.

in Healthy Families/Medi-Cal for Children Outreach Plan through the School Lunch Program Application



The RFI Coordinator

Some schools using the RFI approach have created a coordinator position dedicated to outreach and enrollment activities. The coordinator collects the RFI forms from the Food Service Director, forwards the originals to the state, and retains copies for follow-up with interested families. The follow-up is done by the coordinator and other school staff who are trained Certified Application Assistants (CAAs) or in partnership with a community agency that employs CAAs. The CAAs call interested families and invite them to enrollment events or individual appointments or inform them about "drop-in" hours. Often the CAAs from the community agency are outstationed at the school, making the appointment convenient for parents.

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School District Health Coordinator

Schools provide an opportunity to build long-lasting, self-sustaining mechanisms for Healthy Families/Medi-Cal for Children outreach and enrollment. One way to make these efforts a permanent feature within school districts is to create a School District Health Coordinator position. This person oversees all services related to health education and health insurance initiatives. The coordinator also helps build and sustain awareness of health insurance programs, enrollment and retention in such programs, and utilization of health care services. Funding for this position can come from a variety of sources (see Chapter 4).

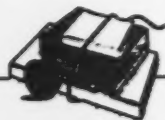
Potential Roles for a School District Health Coordinator

- Establish a working group of school staff and key stakeholders (nurses, Healthy Start staff, health clerks, food service staff, counselors, teachers, coaches, school district administrators, students, parents) to develop a district-wide outreach and enrollment plan for Healthy Families/Medi-Cal for Children.
- Work with teachers and coaches to include health education and information in their curricula.
- Develop a plan to educate families about the benefits of health insurance and about utilizing health care, particularly preventive care.
- Make community presentations on Healthy Families/Medi-Cal for Children and other health-related topics.
- Research potential funding to implement a comprehensive health education program.
- Research community resources available to strengthen and expand the program.
- Develop a system to assist families in retaining their children in health insurance programs.
- Develop a tracking mechanism to monitor children's retention in health insurance programs and utilization of services.



Alum Rock Union Elementary School District (ARUESD) Healthy Families Coordinator
Santa Clara County's Alum Rock Union Elementary School District is one example of a district that employs a school district health coordinator. The Healthy Families Coordinator oversees all of the outreach and enrollment activities for health insurance programs. Because of a local initiative that aims to reach children who are not eligible for the state-sponsored programs, the Alum Rock program has the potential to insure most of the district's children.

For more information on this program, see the resource section in Appendix A and the *Healthy Kids, Healthy Schools* web site, www.healthylkidsproject.org.



Los Angeles Unified School District's Children's Health Access and Medi-Cal Program

In the Los Angeles Unified School District, the Children's Health Access and Medi-Cal Program (CHAMP) actively recruits parents to work as outreach and enrollment staff. The CHAMP program hires parents from the community to serve as Health Care Community Representatives, training them to educate other parents about children's health insurance programs and to help families enroll in these programs at school sites. Health Care Advocates provide training, mentoring, and support to parents.

For more information on this program, see the resource section in Appendix A and the *Healthy Kids, Healthy Schools* web site, www.healthylkidsproject.org.

Parent-to-Parent Outreach

Having parents assist with outreach efforts is an invaluable resource for any program. Parents who are interested in getting information about health insurance may feel more comfortable coming to an outreach worker who is also a parent and who can understand their situation. Parents who work as outreach staff gain job skills and feel the accomplishment of providing an important service to their community. Parent outreach workers may also experience an increased sense of connection with their children's education. While parent-to-parent outreach happens informally through word-of-mouth referrals, your school may also want to consider including parents as official outreach workers.

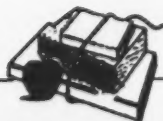
Ideas for Including Parents in Your Outreach Campaign

- Hire parents to provide follow-up after completed RFI forms are returned. Have them provide individual appointments with interested parents.
- Have parents do community presentations about the health insurance programs and the importance of getting regular health care for children. Help them find opportunities to make presentations at adult education classes, parenting classes, meetings of faith-based groups, and other events.
- Work with parents to develop an enrollment event (see Chapter 2). Parents know best how to attract other parents to this type of event. They may also have connections within the community to help get donations for the event.

Peer-Oriented Outreach: Teens Reaching Teens

Adolescents are one of the most underenrolled populations in Healthy Families and Medi-Cal for Children. Peer outreach for state health insurance programs involves youth educating other youth about the options for which they may be eligible and referring them to adult Certified Application Assistants for assistance with enrollment.

Young people communicating with other young people is an effective way to get a message across. Peer programs exist in schools across California and serve students in a variety of ways through conflict resolution programs, peer counseling, peer education, and other means. Peer outreach projects help teens develop public-speaking skills and provide leadership opportunities. Below is information to help you start a program at your school. Appendix E describes sample activities from a peer program at Richmond High School (*see box below*).



Richmond High School's Peer Outreach Project

Richmond High School, in collaboration with Communities in Schools in West Contra Costa Unified School District, developed a Peer Outreach Project. Students in the program give classroom presentations to peers and work at community events to spread the word about health insurance options for children. They use games and fun activities to get the message across to their peers. (*See Appendix E for samples of their activities and the resource section in Appendix A for contact information.*) Information about the Richmond program is also available on the Healthy Kids, Healthy Schools web site, www.healthykidsproject.org.

Steps for Starting a Peer Outreach Program

Recruit a group of students to work on this project and have them recruit their friends. Does your school already have a peer project you can tap into? Is there a community-service requirement that students can fill by working on this project? Are you able to provide incentives (like stipends) for students who participate in this project?

Conduct an in-depth training for the student participants. Clarify the goals of the program. Provide students with examples and statistics that highlight the importance of this issue for adolescents. Have them trained as Certified Application Assistants so they can learn more about the application process. Make sure they have a basic understanding of "public charge" immigration issues (*see section later in this chapter*).

Work with student participants to prepare their presentation and outreach materials. Help the students develop games and activities that are not only going to capture the attention of their peers, but also stress the importance and ease of obtaining health insurance if one is eligible. Role-play and practice the presentations. (*See Appendix E for samples.*)

Schedule classroom presentations. Work with your site administrator and teachers to develop a schedule that works for most of the student population. English and social studies classes are good places to start because most students are required to take those classes.

Find other opportunities for the student participants to reach their peers and community members. Set up outreach tables at lunchtime. Make the tables visible by using banners, balloons, and prizes to attract students. Have information about the health insurance programs available. Find community events at which the students can present the information.

Celebrate the accomplishments of the group. Plan parties, outings, or other events to recognize the group and the work they have done.

School Events

School events (Back-To-School Night, parent-teacher conferences, health fairs, family math nights, talent shows, and so forth) are great opportunities to get the word out about health insurance programs. It is important to get the message out to parents about health insurance in a variety of ways. The more that a school regularly includes the health insurance message as part of its parent outreach, the more interest there will be. At the bottom of this page are some ideas of ways you can disseminate information at school events.

Registration Materials and Emergency Cards

Using school registration forms and emergency cards to obtain information about a child's health insurance can help a school district target its outreach to eligible children. Schools can streamline their outreach efforts by asking whether a child has insurance and what kind. To make this method most effective, add a field for insurance to the school district's database. By recording information about a student's health insurance status on the district database, school staff at individual schools can access information about their students and target those who do not have health insurance. From there, school staff can contact parents and offer assistance to enroll their children in free or low-cost insurance. Below is an example of an emergency card adapted by the *Healthy Kids, Healthy Schools*™ project that asks about health insurance.

EMERGENCY CARD			
(_____) SCHOOL DISTRICT			
Name _____ Last First Initial		☐ Male ☐ Female	Grade _____ ID# _____
Teacher _____		Birthdate _____ Month Day Year	
Address _____		City _____	ZIP _____
Mother's/Guardian's Name _____		Living at home? ☐ Yes ☐ No	Worker's Employer _____
Father's/Guardian's Name _____		Living at home? ☐ Yes ☐ No	Worker's Employer _____
Doctor _____		Phone _____	Do you have health insurance? ☐ Yes ☐ No ☐ Don't Know
Insurance Company _____		Group# _____	
Insurer _____		Phone _____	
IF YOU CANNOT BE REACHED, LIST PERSONS AUTHORIZED TO ACT ON YOUR BEHALF.			
Name _____		Address _____	
Name _____		Address _____	
Name _____		Address _____	
If the listed persons cannot be reached, I give my consent for transportation and medical or dental treatment, including X-ray, consultation, anesthetic, diagnosis, and hospital care to be rendered upon the advice of any licensed physician or dentist. I understand that the (_____) School District does not provide medical or accident insurance for students.			
Signature of Parent/Guardian _____		Date _____	

Reprinted, with changes, by permission of Alton Rock Union Elementary School District.

Principals and School Board Members as Champions of the Health Insurance Message

- Encourage school board members to adopt the School Board Policy developed by the California School Boards Association. (See Appendix F for a sample of the policy and visit their web site at www.csbba.org.)
- Ask the principal to remind parents during welcoming remarks at school events that help with health insurance is available.
- Ask the principal to include the message about health insurance in all notices sent to parents.
- Ask the principal to deliver the keynote address at your enrollment event (see Chapter 2).

Publicize the Health Insurance Message

- Develop materials in multiple languages.
- Hand out fliers to all parents who attend school events.
- Post fliers and banners around the school site to catch people's attention.
- Put fliers on cars of people who attend school events.

Fliers, Posters, Public Service Announcements

A key to any outreach campaign is materials that are visible and that capture the attention of your intended audience. Fliers, posters, and banners are all methods of making your message visible and can be distributed in a variety of ways. In California, many of these types of resources are available free from the state (see www.healthyfamilies.ca.gov). Public service announcements (PSAs), in addition to written materials, can help catch the attention of people who should hear your message. Below are some ideas on how to effectively get your message out through fliers, posters, and PSAs. Appendix G contains an order form for Healthy Families/Medi-Cal for Children outreach, marketing, and enrollment materials. Appendix H provides a sample "Mini-Poster" that is available free from the state.

Location of Materials Is Key!

- Make sure the message is visible all over the school campus. Have fliers and posters posted throughout the building.
- Give fliers to parents as they drop off and pick up their children at school.
- Include fliers about health insurance with materials (report cards, newsletters, and other items) that are sent home to families regularly.
- Insert fliers into the mailing announcing results of vision and hearing screenings.
- Have fliers available in the main office and the counseling office.
- Include public service announcements during programs that your targeted population is likely to tune in to.

Tips for Developing an Effective Flier

- ✓ Keep it simple! Use large print and simple language. Be brief.
- ✓ Make it easy to read and understand.
- ✓ Develop a logo to go on all your materials. Create a symbol people will recognize.
- ✓ Be sure to include contact information.
- ✓ Translate your fliers into as many languages as possible.

IMMIGRATION ISSUES: PUBLIC CHARGE

One issue that comes up regularly in outreach for Healthy Families and Medi-Cal for Children is a concern about "public charge." "Public charge" is a term used by the U.S. Immigration and Naturalization Service (INS) to describe people who cannot support themselves financially and who may become dependent on public cash benefits or long-term care in the future. The immigrant community has concerns that if immigrants use certain government benefits, they will be unable to obtain lawful permanent residence status. However, in 1999, the INS said that receiving health care benefits, including Healthy Families and Medi-Cal for Children, will not be considered in the "public charge" decision unless the person is in long-term care. Getting the word out about this clarification is an important step toward enrolling all eligible immigrant children in state-sponsored health insurance programs. Below are essential points to share with families. Appendix I is a flier that summarizes this information and can be reproduced for families. *Note: Laws and regulations change. If you or a family with whom you are working have questions about immigration, you should contact an immigration resource center in your community or refer to the INS web site, www.ins.usdoj.gov/graphics.*

If someone is applying to become a Lawful Permanent Resident (LPR) and does not yet have a green card, he or she will not be considered a "public charge" for using:

- Health care benefits, such as Medi-Cal, Healthy Families, prenatal care, or other low-cost medical care at clinics, health centers, or other centers (unless the person is in long-term care)
- Food programs, such as Food Stamps, WIC (Women, Infants and Children nutrition program), school meals, and other food assistance
- Other programs that do not give cash, such as public housing, child care, energy assistance, disaster relief, Head Start, or job training or counseling.

INS may consider use of the following in deciding whether to issue a green card:

- Cash welfare, such as Supplemental Security Income (SSI), CalWORKS, General Assistance (GA), and Cash Assistance Program for Immigrants (CAPI)
- Institutionalization for long-term care, such as residence in a nursing home or mental health facility at government expense
- Cash benefits received by children or other family members if these are the applicant's only source of support
- Refugees, asylees, or persons filing under the Violence Against Women Act can use any public benefits, including cash welfare, health care benefits, food programs, and other noncash programs, without being considered a "public charge."

Web Resources for More Information
Immigration and Naturalization Service: www.ins.usdoj.gov/graphics
National Immigration Law Center: www.nilc.org
California Immigrant Welfare Collaborative: www.nilc.org/ciwcc/ciwccindex.htm

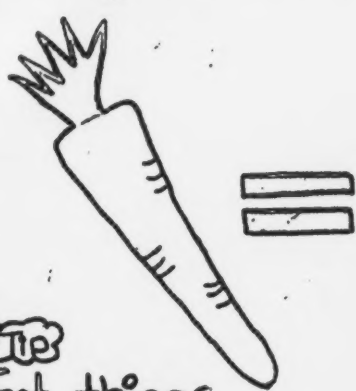


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ENROLLMENT:

Assistance with the Application and Enrollment Process

Healthy Students Make Better Learners



Math	A+	99%
Reading	A	95%
P.E.	A+	100%
History	A-	90%
Science	A-	92%
Grammar	A+	98%
Darlene Arzate		

Tip: Eat things like this and get grades like this

Darlene Arzate, age 11, Cecil Avenue Middle School

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ASSISTANCE WITH THE APPLICATION AND ENROLLMENT PROCESS

Outreach is only the first step in increasing enrollment in health insurance programs. Once families understand that their children are eligible for free or low-cost insurance, they may need assistance with the application and enrollment process. Certified Application Assistants (CAAs) are trained to enroll children in both Medi-Cal for Children and Healthy Families, and their Enrollment Entity (EE) receives \$50 for every successful application they help to complete. Often, CAAs are also knowledgeable about other programs in which children not eligible for Medi-Cal for Children or Healthy Families can enroll (*see the resource section in Appendix A for information on CaliforniaKids and Kaiser Permanente Cares for Kids, two other children's health insurance programs with different eligibility requirements and coverage plans*). Once parents have completed their applications, they may need assistance with follow-up to find out whether their children are enrolled. This chapter reviews different strategies for assisting families with the application and providing follow-up services.

Becoming an Enrollment Entity

An Enrollment Entity is an organization registered with the California Department of Health Services (DHS) that has trained Certified Application Assistants to help families complete the Healthy Families/Medi-Cal for Children application form. Schools, school districts, and parent-teacher organizations can apply to become Enrollment Entities and employ CAAs to help families apply. To become an Enrollment Entity, the organization needs to contact Richard Heath and Associates (RHA, Inc.) a contractor with DHS. RHA, Inc. asks schools to send them a letter on school or district letterhead requesting an Invitation to Participate application. RHA, Inc. sends the Invitation to Participate to the district which must fill out the forms and return them. Once approved, RHA, Inc. assigns the school or district an Enrollment Entity number.

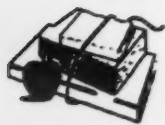
RHA, Inc. is also the contractor for CAA training. Once an organization, a school, or a district has become an Enrollment Entity and wants to train employees to become CAAs, it can contact RHA, Inc. to enroll in an upcoming training. Richard Heath and Associates (RHA, Inc.) can be reached by phone (888-237-6248) or by mail (590 West Locust Avenue, Suite 103, Fresno, CA 93650). Their web site is www.rhainc.com.

Partnerships: Within the School and with the Community

Despite heavy workloads in California's schools, teachers and other school staff are joining with school nurses, health personnel, and Healthy Start staff to get the word out about Healthy Families and Medi-Cal for Children and to enroll children in these programs. There are also valuable resources outside the schools. Throughout the state are community-based organizations (CBOs) and county health agencies that have Certified Application Assistants and are interested in working with schools to help families obtain health insurance coverage for their children. In these cases, a partnership between a school and CBO or county agency can be a perfect match. In some cases, schools have personnel who can help with enrollment and follow-up. Their partnership with a CBO or county agency will result in the availability of more staff to assist interested families.

School Personnel as Certified Application Assistants

Having school personnel participate as CAAs has many benefits. School personnel know the children and their families and often are trusted members of the community. Teachers, nurses, and other school staff who make referrals to school district CAAs know these people as part of the school and its culture. Because they are school district employees, they have access to records that can help in the outreach and enrollment process. Some districts train employees who work as full-time CAAs, and other districts train employees who work part-time as CAAs and part-time in other capacities.



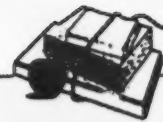
Pasadena Unified School District's Outreach Workers

Pasadena Unified School District uses Title I money (federal dollars given to schools serving low-income communities) to fund a school district outreach worker to coordinate, promote, and conduct outreach for Medi-Cal, Healthy Families, and other free or low-cost health care programs. The outreach worker is also part of a Children's Health Access Task Force, 35 nonprofit and county organizations working together to develop effective outreach strategies and enroll children in these health insurance programs. For more information on this program, see the resource section in Appendix A and the *Healthy Kids, Healthy Schools* web site, www.healthykidsproject.org.

Healthy Start Staff as Certified Application Assistants

Healthy Start is a state-funded program that encourages schools and communities to work together to identify and eliminate barriers—such as lack of regular health care—that prevent children from coming to school ready to learn. Healthy Start centers across California are involved in outreach and enrollment for Medi-Cal for Children and Healthy Families.

Enrollment activities raise awareness of Healthy Start programs in the community and can generate funds for program operations and services. Local centers may apply for the Department of Health Services Healthy Families/Medi-Cal for Children Outreach Contract or collect the \$50 reimbursement fee for every successful application that CAA staff help complete. The Healthy Start center may generate additional revenues through Local Education Agency Medi-Cal Billing and Medi-Cal Administrative Activities. See Chapter 4 for more information on funding sources for Healthy Start programs.



Santa Maria–Bonita School District Healthy Start Program

At the Santa Maria–Bonita School District Healthy Start Program (Santa Barbara County), staff are actively involved in outreach and enrollment for Healthy Families and Medi-Cal for Children and believe that this work is a high priority for their program. They have a dedicated position for Healthy Families/Medi-Cal application assistance. In addition, all Healthy Start staff are trained Certified Application Assistants. Staff are continually booked with scheduled appointments for application assistance and also see a large number of parents who drop in for help with applications. For more information on this program, see the resource section in Appendix A and the *Healthy Kids, Healthy Schools* web site, www.healthykidsproject.org.

Tips for Healthy Start Outreach Workers

- ✓ Make health insurance outreach a regular part of your work with families. Ask families to make it their children's health insurance coverage.
- ✓ Keep a copy of each completed application in the building.
- ✓ Remind parents that you are helping them if they have any other questions their children's education needs. Tell them you will continue to help.
- ✓ Create and maintain a calendar to track the outreach and application process provided by your program. This will help you find families who have not completed their applications later on. It will also document the success of your program.

Migrant Education Program Staff as Certified Application Assistants

The Migrant Education Program (MEP) is a federally funded program that provides support for educational programs to help migratory students and their families overcome disrupted educational experiences. Migratory students are ones who change schools throughout the year as their families follow work in agriculture, fishing, dairies, or logging. One goal of MEP is to design programs to help migratory children overcome health-related problems that inhibit their ability to do well in school. In California, the programs are operated by 22 migrant education regional offices, each of which has a Health Coordinator on staff to oversee the health and support services provided to the students in those regions.

When the students participating in MEP are enrolled in health insurance programs it benefits both the students and MEP. There is money in MEP to assist students with emergency health care needs, however, if students are able to get their health care covered by health insurance, MEP can leverage its resources to help students in other areas. Furthermore, if MEP staff are trained Certified Application Assistants and are helping families complete the application, they can collect the \$50 application assistance fee for each successful application.

✓ Make sure that you are providing specific information about the health insurance program.

✓ Make sure that you are providing information about the health insurance program in a way that is easy to understand.

✓ Make sure that you are providing information about the health insurance program in a way that is easy to understand.

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✓ Make sure that you are providing information about the health insurance program in a way that is easy to understand.

Ideas for Enrolling Migrant Education Students in Health Insurance Programs

- Train migrant education staff to be Certified Application Assistants. Ask them to enroll children in the families with whom they work.
- Partner with a community-based organization to provide application assistance to families in MEP.
- MEP requires parent meetings as part of its services. Dedicate one or more of these meetings to education about free- and low-cost health insurance programs.
- Hold an enrollment event specifically for families whose children are in MEP. Alert families ahead of time about the documents they should bring with them.

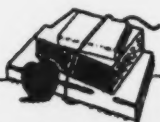
On-Site Community-Based Organization Outreach Staff and Medi-Cal Eligibility Workers

Many CBOs and county health agencies place their Certified Application Assistant staff in schools to provide enrollment and follow-up services to families. Some families are nervous about going to unfamiliar places or to a county office, so being able to meet an outstationed worker at their child's school can help ease the enrollment process.

Another strategy is to partner with county health services to station Medi-Cal eligibility workers at school sites. This resource can expedite the enrollment process for families who are eligible for Medi-Cal.

Enrollment Events

Enrollment events are one-day activities to which families are invited and given the opportunity to enroll their children in a health insurance program. Enrollment events can reach a large number of people at once. They should be community-specific, unique, and festive. No matter what form they take, however, enrollment events need to make Certified Application Assistants available to meet with families to enroll their children in a health insurance plan. It is helpful to partner with the county for enrollment events so that Medi-Cal eligibility workers can staff the event and expedite any applications for eligible children and families. Enrollment events are also a good opportunity to collaborate with community groups that provide important health-related services.



Enrollment Events at Alum Rock Union Elementary School District

Alum Rock Union Elementary School District has found enrollment events to be a successful tool in enrolling children in health insurance. The Healthy Families Coordinator in the district partners with local organizations that provide additional Certified Application Assistant staff so they can serve more families. For more information on this program, see the resource section in Appendix A and the Healthy Kids, Healthy Schools web site, www.healthykidsproject.org.

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Tip: Make sure that you are providing information about the health insurance program in a way that is easy to understand.

Tip: Make sure that you are providing information about the health insurance program in a way that is easy to understand.

✓ Get the word out. Let parents know by letter, telephone call, and presentations at parent meetings.

✓ Remind people about documents they should bring with them.

✓ Leave space between the enrollment tables. Remember to maintain privacy.

✓ Keep that paper available at the event site.

✓ Have school staff who are already trained in the enrollment process.

✓ Have food and refreshments. Team up with a local school that is looking for additional staff and have the staff serve the food.

✓ Have a table set up with a sign that says "Healthy Families" to get information about the program and how to enroll.

✓ Have a table set up with a sign that says "Healthy Families" to get information about the program and how to enroll.

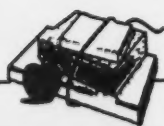
Health-e-App

The California HealthCare Foundation has developed a web-based application to enroll low-income children in public health insurance programs. In partnership with the state, Health-e-App was piloted in San Diego County and will soon be available for use throughout California. Health-e-App offers applicants a "real time", preliminary eligibility determination; instantaneous error checking to improve data quality; and online selection of health plans and providers for the Healthy Families program. Because Health-e-App uses Internet technology (notebook computers with wireless Internet connectivity), it is possible to conduct enrollment in a variety of locations—in schools, at enrollment events, and even in applicants' homes.

To preview Health-e-App and to learn more, visit the web site at www.healtheapp.org.

Follow-up after the Enrollment Process

Working with families throughout the enrollment process is important. The process can be confusing to families, so knowing that they can come back with questions may help ensure successful completion of applications and enrollment in the programs. Schools that are limited in their capacity to provide this type of follow-up may find it helpful to partner with a community-based organization or county agency.



Pasadena Unified School District Follow-up

At Pasadena Unified School District (PUSD), outreach workers encourage parents to contact the district office if they have questions at any step in the enrollment process. At PUSD, staff also work to educate families about the full range of services available to them. For more information about this program, see the resource section in Appendix A and the *Healthy Kids, Healthy Schools* web site, www.healthykidsproject.org.

Troubleshooting with the Healthy Families/Medi-Cal for Children Enrollment Process

- Ask families to bring you any letter regarding the enrollment process that they do not understand.
- Keep the Certified Application Assistant Helpline number, 1-888-237-6248, and the number of the Healthy Families Program Interactive Voice Response system, 1-800-880-5305, near your phone (this number allows callers to find out the status of applications that have been received within the last 120 days).
- Familiarize yourself with the Healthy Families Program Review form (this form is used when a parent wants to dispute the denial of enrollment) and help families fill it out when necessary.
- Ask families to inform you when they receive their health insurance cards.
- Remind families about premium payments and give them a schedule showing when their payments are due. Call families at the time their payments are due as an additional reminder.
- Review the Annual Eligibility Review form with families so they know what to expect at the end of the year's coverage. If they do not complete and return this form, the state will terminate their children's coverage.
- Create a system within your program to remind families when the Annual Eligibility Review form is coming and is due.
- Remind families that they need to let the state know if they change their address. Explain the importance of continuous coverage.
- Regularly check in with families to find out whether they have been utilizing the services for their children and whether they have questions.
- Regularly check the CAA resource section on the Healthy Families web site, www.healthyfamilies.ca.gov, for updates and bulletins of interest to Certified Application Assistants.

Tracking Data

Collecting information about the families you serve and maintaining it in a database will support and enhance your enrollment activities. Typical data that can be collected and updated over time include contact information about families who return Request for Information forms, description of the services provided to families (application assistance, follow-up, and so forth), dates of service, and the status of applications. It is also helpful to note due dates for completion of Annual Eligibility Review forms so you can notify parents in time to ensure continuous enrollment.

In addition to facilitating your efforts to provide services to families, the database allows you to gauge your program's effectiveness: you can count the number of children enrolled, determine which specific activities are most successful, and document the extent to which your program has met its goals. This information is vital when applying for grants. On a larger scale, keeping good data can help support budget allocations and influence policymakers.

Top 10 Tips for Tracking Data

- ✓ Determine in advance the purpose of data collection to ensure that the data will be used to support your program goals and to measure your effectiveness in meeting them.
- ✓ Develop a system to collect, store, and retrieve information that is relevant to the program goals and objectives.
- ✓ Establish a schedule for data collection and update.



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NOTES

Use this space to take notes, brainstorm ideas, and plan your program.

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EDUCATION: How to Use Health Services



Paulina Trujillo, age 11, John A. Sutter Middle School

For some of the families who are enrolling their children in health care coverage, this may be their first experience with health insurance or with a Health Maintenance Organization (HMO). They may need guidance on which services are available, how to access health services, whom to call if they have questions, what their rights are as a parent of a child covered by insurance, and so forth. Some schools and their partners have developed curricula to explain basic information about the use of health care services.

Understanding the Importance of Health Insurance

In order to increase the number of children insured in California, we need to educate families about the importance of health care coverage. Some families may not understand why they should enroll their children in a health insurance program. Some families may come from countries with different health care systems. In their countries of origin health care may be free or medications available without prescription. Families may not understand that with health insurance their children can get regular doctor visits, eye exams, mental health services, dental services, emergency services, and more for free or a small copayment. By helping families understand the benefits of health care coverage we are not only taking steps to insure every child, but also to keep them insured.

Understanding Health Insurance Choices

Families may need help in understanding the different choices they have when choosing a health plan for their children. It is important that families know all of their options. You can help them by using the free materials available from the state (like the Healthy Families handbook—see www.healthyfamilies.ca.gov) and taking the time to review the choices with them. You may also choose to make a list of primary care providers in each plan to help parents make their choices (this is especially helpful if they already have a doctor with whom they feel comfortable). It may also help families to know where doctors are located, particularly in relation to public transportation, so they can choose a doctor they can visit easily.

Understanding How to Use Health Insurance

Once a family decides to enroll their children in health insurance and chooses a plan, they may need assistance in understanding how to use the insurance. If the children are enrolled in an HMO, the family may need help understanding the role of the primary-care physician. If a family is used to going to the doctor only when there is an emergency, they may benefit from getting information about preventive care and its importance. Giving families concrete information about how to use the services for which they are eligible will assist them enormously.



Tips for Educating Parents on Use of Health Care Insurance

- ✓ Hold monthly forums for families that cover different aspects of utilizing health care services.
- ✓ Invite families of children who are enrolled in the same program to a session on utilization led by their health plan.
- ✓ Invite a local health care advocate to speak to families about their rights as health plan members.
- ✓ Develop multilingual materials describing how to use insurance and give them to families when you provide them with application assistance.
- ✓ Develop a binder to give to families that includes templates for them to chart their children's health records. Include sections for health, dental, and vision. Suggest that parents record not only illness and allergies, but also preventive care visits and immunizations.

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FUNDING:
How to Access Resources



Steven Mackey, age 5, Woodrow Wallace Elementary School

CHAPTER 4: FUNDING

HOW TO ACCESS RESOURCES

Schools are often interested in the effort to enroll more children in health insurance programs. School personnel know that healthy children are more likely to succeed academically and want to contribute to their students' well-being. Also, there are financial benefits to schools that work to keep students healthy—they have increased Average Daily Attendance (a determinant of school funding) and can be reimbursed for certain services provided to children eligible for or enrolled in Healthy Families/Medi-Cal for Children.

Frequently, however, overburdened schools need additional resources to take on this task in addition to their instructional activities. A variety of funding sources, listed below, help schools and their partners. You may also know about other resources available in your community. As you look for money to fund your program, be creative. Tap into networks and collaboratives in your area. Money may be available from unlikely sources.

Department of Health Services Healthy Families/Medi-Cal for Children Outreach Contracts

The Department of Health Services awards contracts for schools and organizations to provide direct outreach and enrollment activities for Healthy Families and Medi-Cal for Children. In March 2001, DHS solicited applications for both community-based and school-based/school-linked efforts and in July 2001 announced their intent to award contracts. A total of \$11.5 million will be awarded statewide for these local efforts. These two-year contracts are expected to end June 30, 2003. School districts may use these contracts to fund staff positions, purchase equipment, and conduct outreach, enrollment, retention, and utilization activities. To find out more about this program, go to www.dhs.ca.gov/mcs/omcp or www.dhs.ca.gov/schoolhealth (the latter site is expected to go online in Fall 2001).

Fees for Enrollment

School districts or schools can become "Enrollment Entities" and have staff trained as Certified Application Assistants (see Chapter 2). Schools can then develop an outreach plan and facilitate the enrollment process. The EE employer may claim a \$50 application assistance fee from the state for every successful application. When a CAA assists enrollees in completing their Annual Eligibility Review (a form that every Healthy Families participant must complete each year), the EE may claim a \$25 reimbursement fee. Note: Schools awarded a DHS outreach contract cannot claim application assistance or Annual Eligibility Review fees.

Healthy Start

As discussed in Chapter 2, Healthy Start is a California initiative (authorized by 1991 state legislation, SB 620) which provides funding to school districts and local collaboratives to provide school-linked services based on an assessment of the needs and resources in the school and community. The grants are competitive and are awarded through the Healthy Start and After School Partnerships office in the California Department of Education. The goal of Healthy Start is to improve the lives of children, youth, and families in such areas as school readiness, educational success, physical health, emotional support, and family strength. Depending on the community's needs, health insurance outreach, enrollment, and education could be an important component of the Healthy Start proposal. Healthy Start awards are \$50,000 for a planning grant to be used over a one-to-two-year period and \$400,000 for an operational grant (including start-up costs) to be used over a three-to-five-year period. For more information on the Healthy Start program, visit its web site, www.cde.ca.gov/healthystart/ or call the Healthy Start and After School Partnerships office at (916) 657-3558.

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LEA Medi-Cal Billing and Medi-Cal Administrative Activities

The Department of Health Services operates two Medi-Cal programs that can provide funding to schools: the Local Education Agency (LEA) Medi-Cal Billing Option, for direct services, and Medi-Cal Administrative Activities (MAA), for specific activities including outreach. Through these programs many districts have increased their health resources and funded staff.

LEA Medi-Cal Billing Option

Schools offering health-related services may be partially reimbursed for services provided to students who are enrolled in Medi-Cal. For schools to be eligible for these funds, the LEA (defined as a school district or county office of education) must be enrolled with DHS as a provider, the services must be covered and medically necessary, and the person providing the services must be licensed as required. The LEA Medi-Cal Billing Option is a fee for units of service, meaning the reimbursement is for the specific amount of time spent on the service. LEA Medi-Cal billing covers health and mental health evaluation (assessment), treatment, transportation, and targeted case management (TCM). For more information on LEA Medi-Cal billing see www.leamedi-cal.ca.org and www.dhs.ca/hwnet.gov/mcs/mcpd/MBB/ACSS/LEAdescription.htm.

Medi-Cal Administrative Activities

Federal reimbursement is available through MAA for health-related administrative activities, including outreach, performed by schools and public agencies for Medi-Cal eligible children up to 21 years old and their families. MAA requires districts to complete an annual one-month time survey (where employees performing reimbursable activities record the time they spend on those activities), and districts are reimbursed based on the averages found during that one month. Participation in MAA requires submission of a claiming plan that both the state and federal governments must approve, a contract through either the Local Educational Consortium or a participating county health department, and quarterly invoicing. Medi-Cal Administrative Activities include locating Medi-Cal-eligible students, enrolling them or assisting in their enrollment into Medi-Cal; planning administrative activities; providing administration of contracts for appropriate Medi-Cal services; arranging nonmedical, nonemergency transportation to Medi-Cal covered services; and developing administrative programs. One restriction on these funds is that districts completing applications for Healthy Families/Medi-Cal for Children cannot claim both MAA funds and the \$50 application assistance fee. For more information on MAA, contact the Local Education Consortium in your region. This information is also available at www.dhs.ca/hwnet.gov/mcs/mcpd/MBB/ACSS/index.htm.

Proposition 10 Funding

California voters passed Proposition 10, the California Children and Families Act, in November 1998 to help children from birth to age 5 get the best possible start in life. Funding from an additional tax on cigarettes and tobacco products, approximately \$600 million annually, is available to California's communities to promote early childhood development through education, health, and child-care programs.

The state Proposition 10 commission, known as the California Children and Families Commission (CCFC), administers 20 percent of the funds. CCFC sets broad guidelines and provides technical assistance and leadership to the county commissions. The county commissions administer 80 percent of the funds and work with their communities to create a strategic plan for children from birth to age 5 and their families.

To further the goal of school readiness for all California children, the state and county Children and Families Commissions are working with local and state partners to launch School Readiness Programs. Funds will target neighborhoods with schools most needing improvement (as measured by the Academic Performance Index) and build on existing resources, programs, and effective practices. The School Readiness Programs will restructure and coordinate the delivery of services in several areas, including health and social services. As School Readiness Programs develop their projects, outreach for and enrollment in health insurance programs such as Healthy Families and Medi-Cal may be included in their workplans.

In addition to the school readiness funds, the county commissions may give money for other school-related projects. For more information on Proposition 10 funds, visit the state CCFC web site at www.ccfc.ca.gov and see Appendix J for a contact list of county commissions.

Tobacco Settlement Funding

In November 1998, five major tobacco companies reached an agreement with the Attorneys General of 46 states, 5 commonwealths and territories, and the District of Columbia. The Master Settlement Agreement requires the tobacco companies to pay \$206 billion to states through 2025.

California is expected to receive an estimated \$25 billion by the year 2025. The State Budget proposes to create the Tobacco Settlement Fund to target its share of the tobacco settlement to expansion of health care services in California, with a specific goal of providing additional health care coverage to children and adults.

In August 1998, the Attorney General of California signed a memorandum of understanding that provides all counties with the opportunity to access these funds. The memorandum of understanding specifies that the state will receive 50 percent of the tobacco settlement funds and that the remaining 50 percent will be allocated to county governments.

The tobacco settlement provides another potential pool of funding that schools could use to pay for health insurance outreach, enrollment, retention, and utilization activities. There are no restrictions on the use of these funds. Some counties have chosen to dedicate all or a portion of their tobacco settlement funds to health care and related services. For more information on how to access these funds, contact your county board of supervisors or the County Chief Administrative Officer, or visit the California State Association of Counties web site at www.csac.counties.org.

Information about what counties and cities are doing with their funds can be found on the American Lung Association web site at www.californialung.org.

Foundation Grants

Improving access to health care is an area of interest for many charitable organizations, including foundations. In distributing funds through a grantmaking process, foundations look for programs that develop innovative strategies to meet an unmet need. As your school or school-community partnership develops its program, consider foundations that may be able to support your efforts.

Types of Foundations

Private Foundations: These foundations, established through donations from private individuals or families, grant money for a wide range of projects.

Corporate Foundations: In these foundations, corporations have created and set aside money to be distributed to grantees.

Community Foundations: These foundations are generally supported through individual donations and grant awards to a specific community or geographic area.

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Tips for Fund

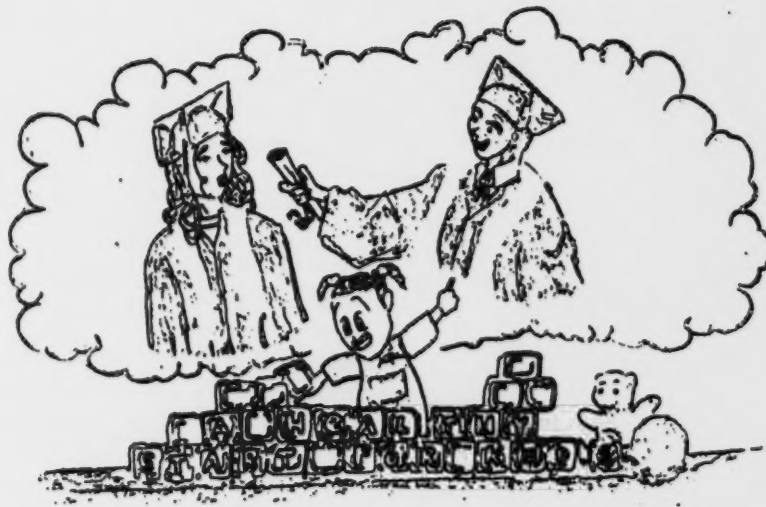
- ✓ There are no shortcuts in grant writing. To produce a high quality grant application, you must follow the steps outlined by the foundation. Be willing to use the time to write your grant application.
- ✓ Do your homework. Get to know the foundation, its field of interest, and geographic focus. Make sure that your project falls within its guidelines. Make a call to a program officer to discuss the viability of your project.
- ✓ Get to know the resources at the Foundation Center and at organizations in your area that offer training and resources on the grantmaking process. The Foundation Center is a nonprofit organization whose mission is to foster public understanding of the foundation field. The center offers seminars, analyzes and disseminates information on foundation programs, saving, and related subjects. Web sites, books, and extensive information materials are available at www.fdncenter.org. Organizations in your local area may also have resources related to grantmaking in your community.

NOTES

Use this space to take notes, brainstorm ideas, and plan your program.

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PARTNERSHIPS:
School and Community Personnel
Working Together



Rithy Ourn, age 17, Bellflower High School

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CHAPTER 5

CHAPTER 5: PARTNERSHIPS

SCHOOL AND COMMUNITY PERSONNEL WORKING TOGETHER

Partnerships between schools and community-based organizations have proven to be highly effective in the effort to conduct outreach and enrollment for Healthy Families and Medi-Cal for Children. With proper coordination, these collaborative partnerships create innovative outreach projects and produce significant results. As with any partnership, it is helpful for each partner to understand the mission and culture of the others, to know the strengths and limitations of the others, and to develop a structure for communicating within the partnership. This chapter outlines some tools to help in the process of forming school-community partnerships.

Building Connections: Facilitating Introductions to the School Community

Below is a list of items to help agencies from outside the schools introduce themselves to the school and its staff. This is adapted from a handout by Barbara Loza-Muriera and the Community-Based Organization Program at School Health Programs, San Francisco Unified School District.

Point of Access	Suggested Approach
Staff Meeting	With the assistance of the school-site point person, arrange to be placed on the staff meeting agenda. Do some research in advance of the meeting and arrive at the site informed about the school community. Keep it friendly, clear, and concise. Keep handouts to a minimum.
Formal and Informal School Committees and Teams	Find out what formal and informal groups exist at the school site along with the appropriate contact people. Grade-level teams and committees, "family" teams, student assistance teams, and others may be a good place to connect with school staff. PTA, the school site council, and other parent groups may also be a point of access to the school community. Be clear and concise, and come prepared with a handout describing your project or organization.
Individual Introductions	Becoming acquainted with school staff takes time, patience, and tenacity. If your agency is already using space on a school site, make it regular practice for outreach staff to get out and meet school staff. Suggest that they take a moment to say hello and introduce themselves to everyone within reach—teachers, secretaries, cafeteria staff, and building engineers. The goal is for everyone to recognize that your organization and the school are in partnership.
Through Existing Collaboratives	Healthy Start, "After School Learning", and "21st Century" are grant-driven school-based initiatives with collaborative planning teams representative of the school, community, faith community, city, and county. Work through them to get connected to the school.
Follow-Up	After initial introductions, remember to follow up in a timely manner. Short memos, notes, notices on bulletin boards, or messages in the "Daily Bulletin" are meaningful reminders. Develop a recognizable "hello note" that bears your name, program logo, and other information. Use it consistently to update teachers, parents, students.

Questions to Consider When Forming a Partnership

- Do the goals, mission, and vision of the partners overlap?
- What resources do each of the partners bring to the table? Do any one partner have a need that the other partners can fill? Is there mutual benefit to partnering?
- What processes have each of the partners been using to reach out to and enroll eligible children? Would combining resources strengthen those processes?
- Can the partners develop a memorandum of understanding that outlines the structure, roles, and responsibilities of each partner in such a way that each is contributing and benefiting? Does the partnership ultimately assist more children and families in a coordinated fashion? (Appendix K provides a sample memorandum of understanding.)

Building Connections: Working with the Public Schools

Below is a list of items that schools may want to give community-based organizations to help orient them at school sites. This was adapted from a handout by Barbara Loza-Muriera and the Community-Based Organization Program at School Health Programs, San Francisco Unified School District.

Information Needed	Reason Organization Needs It
District Calendar	This calendar identifies district-wide holidays and semester breaks, half days, staff development days, testing periods, grading periods, beginning and end of academic year.
School Calendar	Site-specific and often different from the district calendar, it identifies special events, in-house staff development days, class trips, "block-out" days/weeks, other activities.
School Board Meeting Calendar	To access funding in some school districts, board resolutions must be approved prior to paying a consultant. The board meeting calendar shows both meeting dates and the deadlines for submitting resolutions.
Hours of Operation	If the organization is bringing services to a school site, it is necessary to know what hour the school opens and closes to students, and what time the building itself is generally open and closed.
School Map	A map is especially helpful if the building is large and has many entrances and exits. It may also be used when advertising an event or to show parents or other visitors where to go. Floor plan maps are sometimes included in grant applications.
Communications	Schools communicate with staff and parents in numerous ways: staff meetings, staff mailboxes, a "Daily Bulletin", school and parent newsletters, bulletin boards, weekly envelopes, and phone trees. Let CBO staff know who the point person is for each type of communication.
Master Schedule of Classes	The master schedule lists all periods, grade-level classes, teacher prep periods, teachers, room numbers, and phone numbers.
Bell Schedule	The bell schedule lists the times of each class period. Be sure to include the rainy- or minimum-day schedule. Schools vary their schedules on some occasions.
Teacher-Staff List	Sometimes combined with the master schedule, the staff list identifies teachers, paraprofessionals, secretaries, school nurse, building engineer, security staff, counselors, and administrators; and in-house phone numbers and rooms, including classrooms and other locations in the building (i.e., cafeteria, teachers' lounge).
District Directory	This is a comprehensive listing of district departments, administrators, supervisors, department/program contact people, along with appropriate titles, and other key information.
Emergency Procedures	Both school and community partners must be aware of all emergency procedures to maintain a safe school community. Procedures to be aware of should cover (but are not limited to) fire, power outage, earthquake, and other disasters. Train community staff in the emergency procedures of the school. It is possible that they will be in the building when a fire, earthquake, or other disaster strikes, so it is important that they understand the school protocol for these types of events.
Sign-In and Sign-Out Procedures	Sign-in and sign-out procedures ensure the safety of both students and staff. They serve: (1) to keep school staff informed about who is on campus; (2) as a register for "roll call" if an emergency occurs; (3) as a formal documentation of time spent at the site.
Copy Machines	Copy machines are very expensive for schools to maintain and in most schools are carefully monitored. Organizations need to work with school administration and staff to develop an arrangement about how to handle photocopying.
Miscellaneous Protocols	Provide site-specific procedures, rules and regulations, and codes of behavior in written form, if possible, so organizations can easily train outreach staff who will be coming into the school.

Building Connections: Understanding the Culture of Community-Based Organizations

Schools can do a number of things to strengthen their partnerships with community agencies. Below are some suggestions:

Activity Information Needed	Reason Organization Needs It
Designation of Point Person for Community Staff	Having a school employee as a point person for community-based staff is essential for successful partnerships. Acting as a liaison for the community staff, the point person can transmit important information between school and community staff.
Introductions at Staff Meeting	Introducing school staff to the community group staff who will be working on your campus is essential. It demonstrates that the school administration supports the partnership and also gives teachers and school staff an introduction to the people who will be working at their site.
Staff List With Schedules	Some community-based staff will outstation at a school on certain days or at certain times during the week. Develop a list with their schedules. School staff, including secretaries and security, need to know when to expect these workers. In schools where space is limited, the schedule indicates when certain rooms are reserved and when they are available for drop-in use.



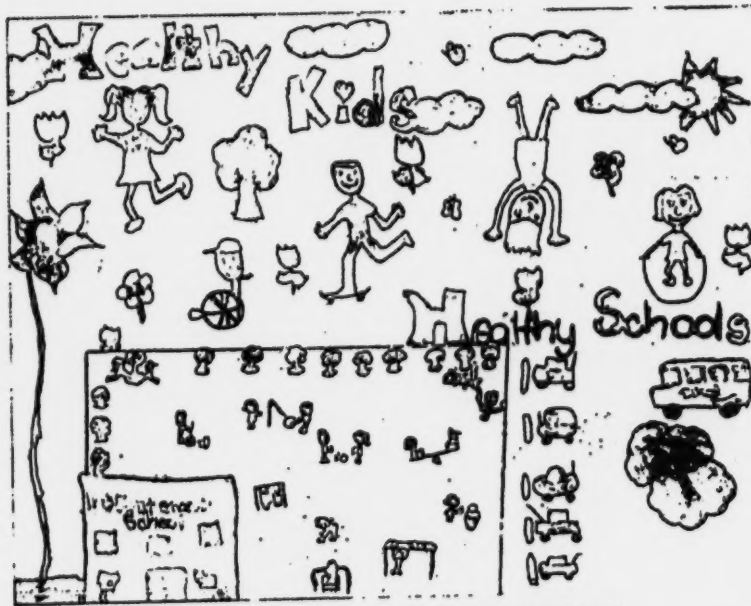
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NOTES

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ADVOCACY:
The Legislative Process and
How You Can Influence It



Sally J. Sierra, age 8, 61st Street Elementary School

CHAPTER 6: ADVOCACY

THE LEGISLATIVE PROCESS AND HOW YOU CAN INFLUENCE IT

Many of the decisions about Healthy Families and Medi-Cal for Children are made in Sacramento through the Legislature or at administrative agencies. These decisions can affect such matters as expanding health care programs to allow more people to get insurance, simplifying the application and retention process, and the amount of funding for outreach and enrollment activities available to community organizations and schools. These issues can greatly affect the success of Healthy Families and Medi-Cal for Children programs. Even if you live far from Sacramento, you can still influence these decisions. In fact, as direct service providers, you often have a perspective on the programs that decision makers highly value. Your call, letter, fax, visit, e-mail, or testimony is influential and meaningful. Remember that the most important part of a legislator's or other government official's job is to listen to the public. This chapter gives a brief overview of the California legislative and budget processes and provides ideas for getting involved in administrative agency advocacy. Appendix L offers some principles for strategic advocacy.

California's Legislative Process

The California Legislature makes new laws (or changes existing ones) by enacting bills. All bills generally move through the Legislature on a similar path (see chart on page 30). The Legislature consists of two houses: the Senate, which has 40 members, and the Assembly, which has 80. After a legislator (who is called the author) introduces a bill, the Rules Committee of that legislator's house assigns it a bill number with a prefix, either AB (Assembly Bill) or SB (Senate Bill), depending on which house it is introduced in. The Rules Committee of that house also assigns the bill for a hearing in a policy committee. For example, bills concerning health issues generally go to the health committee, and education bills go to the education committee. If a bill would have any fiscal impact on the state, the bill must go to the house's Appropriations Committee after it clears the policy committee.

Once out of its committees, the bill must be voted on by the entire house in a floor vote. If the bill clears the floor, it goes to the Rules Committee of the other house for assignment to a policy committee and the process repeats itself. After clearing the floor of the second house, a small number of bills may go to a conference committee made up of three legislators from each house. This only occurs if the second house to consider the bill makes revisions with which the first house disagrees. Once a bill is approved by both houses of the Legislature, the Governor may sign the bill, allow it to become law without his signature, or veto the bill.

How to Influence Bills

Ideas for bills come from different sources. Some bills originate with legislators, but bills more typically originate with outside organizations. Any person or organization, such as a school district, community organization, or county, can suggest that a legislator introduce a bill. If a legislator agrees to carry a bill for an organization, he or she often asks the organization to be the sponsor of that bill. Being a sponsor means that the organization agrees to do much of the advocacy work needed to enact the bill. This includes lobbying the Legislature, testifying at hearings, and negotiating with any groups opposed to the bill.

Sponsoring a bill is not the only way to influence the legislative process. There may be many bills that interest you. You may choose to offer comments in support or opposition to bills. Legislators and their staff often are isolated in Sacramento and need to hear from people in other parts of the state who are directly affected by bills. You do not need to go to Sacramento to give your input. Letters, phone calls, faxes, and e-mails all work. If you are calling, you should ask to speak with the staff person working on the bill. Also, you may try to meet with your legislator or the staff in the district office by calling for an appointment. In some cases, when a bill is of special importance, you will probably want to appear in Sacramento to lobby other legislators and testify at hearings where the bill will be debated by a legislative committee.

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When providing feedback on a bill, be concise and courteous, particularly if you are critical of a bill or some of its provisions. In the areas of schools and health care, most legislators try to do the right thing, yet may propose ideas without knowledge of real-world conditions. Thus you may be able to influence provisions in a bill by suggesting ways to change them. Suggesting such changes (or amendments), rather than just opposing a bill outright, can often be effective and can win you credibility with legislators.

Some legislators value input from schools and community organizations more highly than that of professional lobbyists for special interests. Effective legislative advocacy depends on building a relationship with a legislator or a staff person. You can build a relationship quickly if you are knowledgeable about the subject matter of a bill and can be helpful in some way to the legislator, even if you are proposing changes to the bill. If you find that you are not getting your message across, you may want to find allies. Allies can include similar organizations or different types of organizations that share the same interest in a bill. Perhaps someone you know has a relationship with the legislator. Think creatively about ways to reach legislators.

When a bill reaches the Governor's desk, you can also lobby the Governor to either sign or veto the bill. Again, letters, faxes, and e-mails are ways to send your input to the Governor.

Effective Correspondence with a Legislator

- Clearly state which bill you are writing about ("Senate Bill 100").
- Identify yourself or your organization and why you have an interest in the bill. Does the bill affect you or people you serve? Do you have experience in the subject matter of the bill?
- Clearly state your position on the bill: support, oppose, or oppose unless amended. State the reasons for your position as concisely as possible. Give real-world examples of situations addressed by the bill or that would be worsened by the bill.
- If proposing amendments, list and describe each of them.

Finding Out about Bills and Understanding the Process

Even if you are not a professional lobbyist, you can still effectively follow the legislative process. The Internet makes it easier than ever to follow legislation. You may even "subscribe" to a bill through the Senate web site, meaning that you will receive an e-mail alerting you to changes in the bill's status, such as amendments or the scheduling of a vote on the bill. (See *Legislative Resources* on page 33 for Internet resources). In addition, Consumers Union's *Healthy Kids, Healthy Schools* web site www.healthykidsproject.org tracks bills related to Healthy Families/Medi-Cal for Children.

Sample Legislative Calendar (varies slightly from year to year)

December—February	Bills are introduced in both houses.
March—April	Bills must clear policy committee.
May	Bills with fiscal impact must clear Appropriations Committee.
June	Bills must clear floor of originating house.
June—Early July	Bills must clear policy committee of second house.
July—Early August	Summer recess.
August	Bills must clear second house's Appropriations Committee.
Late August—Early September ...	Bills must clear floor of second house.
September	Successful bills reach Governor's desk.
October	Governor must sign bill, allow bill to become law without a signature, or veto bill.
October—Early December	Legislature is in recess. Policy committees may hold interim (or study) hearings on significant policy issues but do not consider legislation.

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California's Budget Process

In addition to considering ordinary bills, the Legislature must enact, and the Governor must sign, a bill containing the State Budget each year. The budget process occurs at the same time as the regular legislative process, but on a faster timeline (see *Timeline in box and chart on page 32*).

The budget process begins in the fall when state departments and agencies submit budget requests to the Governor's office. In December the Governor finalizes his budget, and in January he introduces it to the public. The budget itself is difficult to understand. Instead of looking at the budget, you may wish to review the Governor's Budget Summary, which is issued at the same time. Both the budget and the budget summary are available on the web site of the Governor's Department of Finance, the office that produces the budget (www.dof.ca.gov).

The budget is introduced in both the Senate and Assembly as a bill. The Budget Committees of both houses are organized into subcommittees around particular policy areas (such as education or health and human services). The subcommittees in each house then hold hearings on particular items in the budget and can increase, decrease, or delete items entirely from the Governor's Budget. Each subcommittee prepares a detailed agenda for each hearing, listing each issue to be discussed. Once subcommittees have completed their work, the full Budget Committee votes on each house's budget bills.

Next, the full house votes on the budget bill. Because the Senate and Assembly budget bills invariably differ in many respects, the bills must go to a conference committee, made up of three leaders from each house. The conference committee works out the differences and sends back a single budget bill to the floor of both houses. Unlike regular legislation, this final budget bill requires a two-thirds vote of each house before it goes to the Governor. The California Constitution requires the Legislature to send the budget bill to the Governor by June 15. The Governor then has until July 1 to sign or veto the budget. The Governor may also "blue-pencil" items (reduce or eliminate amounts in the budget bill).

The public does have an important role in the budget process. In place of bills being debated, the budget contains line items appropriating funds for particular programs or activities managed by state agencies. Items can be increased or decreased or the way in which dollars are allocated can be shifted in an item without changing the overall amount.

If you have an idea for adding more money to a program or changing the allocation of funding, you would want to lobby the administration (the appropriate state agencies and the Governor's office) to support your idea. For example, funding for schools and community organizations to do outreach and provide enrollment assistance for state-sponsored health insurance is one example of an item in the budget. To advocate for your proposal, you might send a letter explaining your idea to the relevant state agency or department and copies to the Governor's Department of Finance and the relevant policy staff in the Governor's office. You may want to follow up the letter by meeting with the agency or the Governor's staff. The ideal outcome would then be inclusion of your idea in the Governor's Budget introduced in January. Then, you must ensure that the budget subcommittee agrees with your idea and keeps it in the budget bill (or increases funding even more).

If you are unable to get your idea included in the Governor's Budget, you may then want to work with the appropriate budget subcommittee chairperson and staff to get your idea on an agenda for one of the subcommittee's hearings. As with lobbying on bills, this would involve letters, faxes, phone calls, meetings, or e-mails to the chair, staff, and other members of that subcommittee. Also, to ensure that your idea stays in the budget process, you need to follow it as it is voted upon.

Budget Timeline

Summer and Fall	State departments and agencies submit budget requests to Governor's office.
December	Governor makes final decisions on budget; budget is printed.
January 10	Governor's Budget introduced to the public and introduced in both Senate and Assembly as bills.
March—Mid-May	Budget subcommittees consider Governor's Budget and make changes.
May	Governor issues May Revision, a modification of the January Governor's Budget to take into account updated projections of state revenue.
May—June	Full Senate and Assembly take first vote on budget bill.
June	Conference committee considers differences between Senate and Assembly versions of budget bill.
June 15	Final floor votes take place in Senate and Assembly; two-thirds vote is required for passage.
July 1	Governor signs budget bill into law.

HOW A BILL BECOMES A LAW



HOW YOU CAN INFLUENCE IT

FALL

STEP 1: IDEA

An idea can come from a member or from an individual or group—I.e., YOU. The process begins when a legislator is persuaded to author a bill.

JAN

STEP 2: DRAFT

Language is sent to Legislative Counsel's office, where it is drafted into the actual bill.

FEB

STEP 3: INTRODUCTION

If the author is a senator, your bill is introduced at the Senate Desk; if an assembly member, at the Assembly Desk. There your bill is assigned a number: AB (Assembly Bill) or SB (Senate Bill).

MAR
APR

STEP 4: POLICY COMMITTEE

Your bill goes to the Senate or Assembly Rules Committee, where it is assigned to a policy committee (e.g., Assembly Committee on Health). There it will be voted on based on its policy implications. Bills are not heard in policy committee until 30 days after they have been introduced.

If your bill costs money, it then goes to a fiscal committee for a hearing (go to Step 5).

If your bill does NOT cost money, it then goes up for a vote in the first house (go to Step 6).

If you or your group has a concern that can potentially be addressed through legislation, you may consider "sponsoring" a bill and asking a legislator to "author" it. If this is the case, it is critical that you lay the groundwork for the bill in the fall, before the legislative session begins in January.

ACTIONS:

- ✓ Prepare a position statement/outline describing the problem and how you believe the state can deal with it.
- ✓ Decide whom you may want to author the bill. It may be your own legislator, a legislator whose constituents would be affected, or a legislator who has carried a similar bill in the past. You may also want to consider legislators who are in leadership or influential positions.
- ✓ Set up legislative visits in the fall, when most legislators will be in their district offices.

Once your bill is introduced, it is important that you "track" your bill as it goes through the Legislature, because your bill may go through a number of changes. Also, knowing exactly where your bill is well beforehand allows you to plan your advocacy efforts more effectively.

ACTIONS:

- ✓ Find out which of the legislator's staff members in Sacramento will be "working" the bill. Once you find a legislator who agrees to author your bill, it is important that you stay in constant contact with the legislator's staff.
- ✓ If you have access to the Internet, the Senate's web page (www.sen.ca.gov) allows you to search for a particular bill and also subscribe to a bill. If you subscribe to any bill, you will receive an e-mail message each time the bill's status changes.

The 30-day waiting period provides some time for you to start advocating and gathering support for your bill and other bills you would like to support or oppose. Once you find out who the committee members are, you can begin to strategize an advocacy plan. Although many of you are unable to go to Sacramento to testify in every hearing, much of the work actually needs to be done 1 to 2 weeks before the hearing.

ACTIONS:

- ✓ Write letters to, call, and visit committee members to state your position. Before each hearing you should have an idea of how the vote is going to look and which legislators you still need to contact.
- ✓ For local legislators, you could try to set up a visit with them (or their staff) in their district offices.
- ✓ For legislators in other areas, contact potential supporters (individuals or groups) in the legislator's district, asking them to contact their legislator. You may consider preparing a briefing paper and sample letter before you begin your outreach.
- ✓ Another possibility is to send a sign-on letter that includes the names of individuals and/or groups you've contacted.
- ✓ Contact the committee staff member who is responsible for preparing an analysis of the bill and communicate your position.
- ✓ After the hearing, record how each committee member voted; it will give you an idea of what your advocacy plan should be when the bill goes to the floor.

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HOW A BILL BECOMES A LAW



HOW YOU CAN INFLUENCE IT

MAY

STEP 5: FISCAL COMMITTEE

If your bill has a fiscal impact or a state cost, it will be heard in either the Senate or Assembly Appropriations Committees and voted upon based on its fiscal implications.

Again, much of the work needs to be done 1 to 2 weeks before the actual fiscal committee hearing.

ACTIONS:

- ✓ Follow the same action steps you did before the policy committee.
- ✓ Figure out the cost of your bill.
- ✓ Find out what position the Department of Finance (the Governor's fiscal advisor) and the Legislative Analyst's Office (nonpartisan fiscal advisor for the Legislature) have taken.

STEP 6: VOTE IN FIRST HOUSE

Most bills require a MAJORITY VOTE (21 votes in the Senate and 41 votes in the Assembly), while urgency measures and appropriation bills require a 2/3 VOTE (27 in the Senate, 54 in the Assembly).

Before your bill goes to the floor of the first house, you should already have a good idea what the vote count will be and which legislators you will need to target.

ACTIONS:

- ✓ Follow the same action steps you did before either the policy or fiscal committee.
- ✓ Follow the same action steps taken when your bill was in the first house.

JUN
JULY
AUG

STEP 7: SECOND HOUSE

Your bill follows the same process in the second house: First, to the policy committee (Step 4), then to the fiscal committee if it is a fiscal bill (Step 5), and finally to the second house's floor for a vote (Step 6). If approved with no changes, your bill goes to the Governor's desk.

*CONFERENCE COMMITTEE

If the second house has made any amendments (or changes) to your bill and the first house refuses to agree to the changes, your bill may go to a conference committee (6 members, 3 from each house) to reconcile the differences. The reconciled version of your bill then goes back to both houses for approval, then to the Governor's desk.

SEPT

STEP 8: GOVERNOR'S SIGNATURE OR VETO

The Governor has 12 days to sign, approve without signing, or veto your bill. If the bill is approved, it goes to the Secretary of State to be chaptered. If vetoed, a 2/3 vote in each house is needed to override the veto.

It is important to begin your advocacy efforts regarding the Governor early; DON'T wait until your bill reaches his desk.

ACTIONS:

- ✓ Write letters and make calls to the Governor. Ask your contacts from other parts of the state to do the same. Coordinated letter-writing or phone campaigns may be effective.
- ✓ Set up a visit with the Governor or his representative in his local offices, which are located throughout the state.

Sources: *On the Capitol Doorstep* (1997)
Advocacy... Why Bother?
California's Legislature (April 1998)

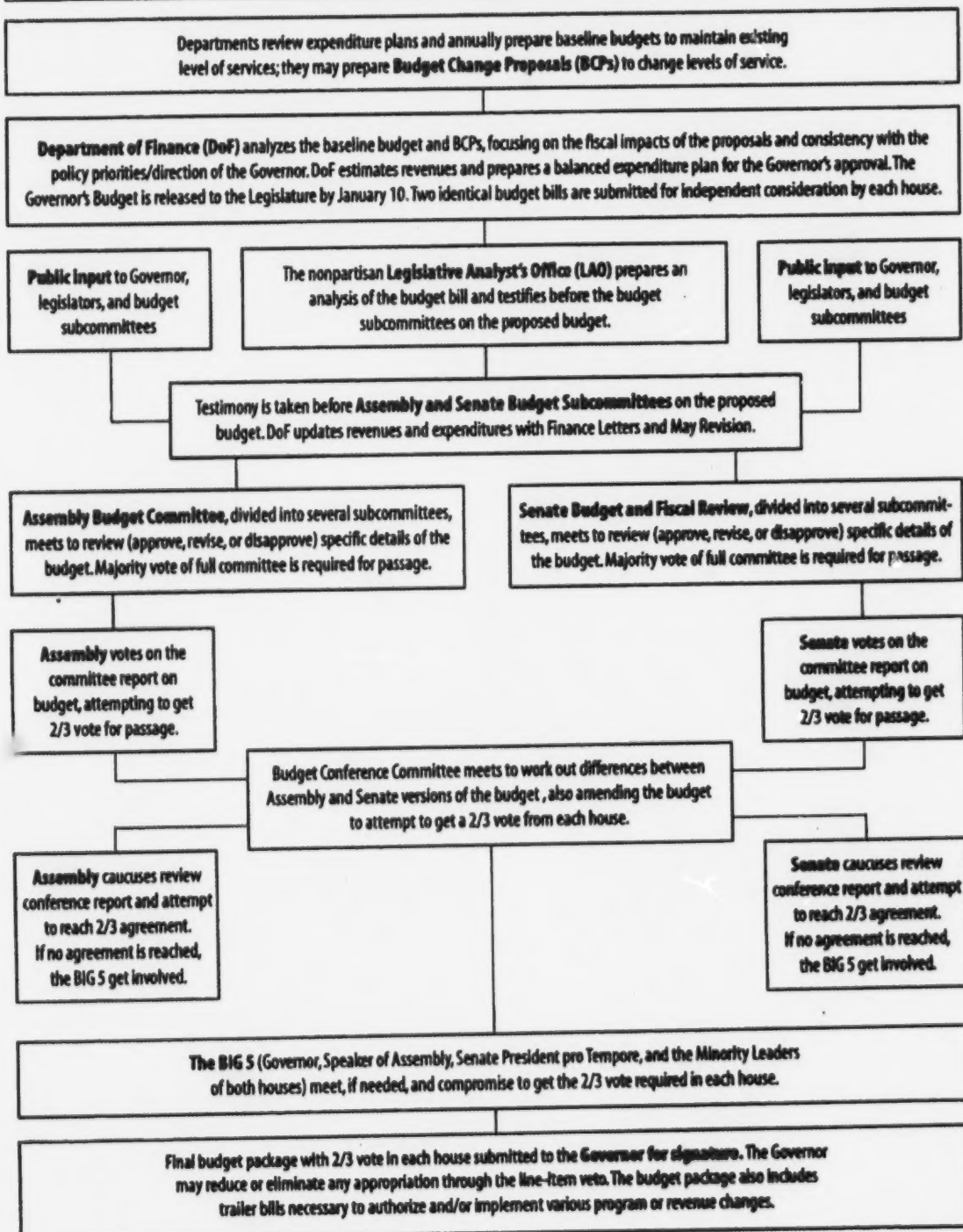
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California Immigrant Welfare Collaborative is a joint project of:
Asian Pacific American Legal Center
Coalition for Humane Immigrant Rights, Los Angeles
National Immigration Law Center
Northern California Coalition for Immigrant Rights
Services Immigrant Rights Education Network

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THE ANNUAL BUDGET PROCESS



For more information on the California Health Insurance Reform Bill, visit our website at www.chip.org. For more information on the California Health Insurance Reform Bill, visit our website at www.chip.org. For more information on the California Health Insurance Reform Bill, visit our website at www.chip.org.

LEGISLATIVE RESOURCES

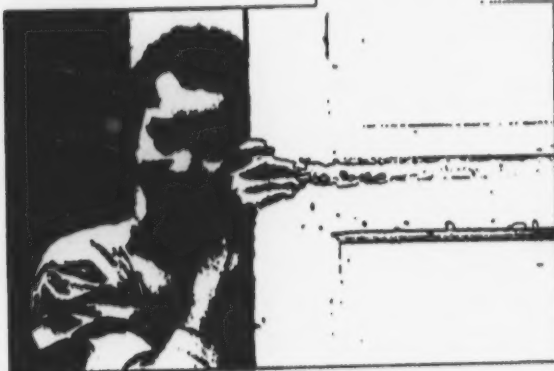
Assembly web site www.assembly.ca.gov

Senate web site www.sen.ca.gov

Subscribing to a bill www.sen.ca.gov

- Click on "Legislation"
- Fill in information on a bill and click on "Search"
- Click on "Subscribe" (near left margin)

Healthy Kids, Healthy Schools™ web site www.healthykidsproject.org



Administrative Agency Advocacy

In addition to the Legislature, state agencies play a major role in shaping policy. Agencies implement laws passed by the Legislature. Often, agencies develop regulations—more detailed rules—to implement bills drafted with broad language.

Lobbying an administrative agency is similar to legislative lobbying. For example, when formulating regulations, agencies must follow the state Administrative Procedure Act, which requires agencies to give notice and seek public comment before they take actions such as issuing regulations. To stay involved in what is happening at the agency level, you can ask to be put on an agency's mailing list to receive such notices. Agencies often hold public hearings before taking important actions.

You also may want to try to build a relationship with the relevant staff at an agency. As with legislators, agency staff generally greatly appreciate real-world input from individuals and organizations. The staff needs your input to make their programs work better. By contributing information and suggestions you make their jobs easier.

State Departments with Authority over State Health Insurance Programs

Medi-Cal—California Department of Health Services: www.dhs.ca.gov

Healthy Families—Managed Risk Medical Insurance Board (MRMIB): www.mrmib.ca.gov

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- Get on mailing lists of agencies and their task forces, boards, or committees to get notices of proposed regulations or other activities.
- Give written comment on proposed regulations.
- Testify at agency hearings or meet with agency staff.

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Use this space to take notes, brainstorm ideas, and plan your program.

Use this space to take notes, brainstorm ideas, and plan your program.

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APPENDIXES

Appendix A
Additional Resources and Web Sites

Appendix B
Request for Information Fliers

Appendix C
Order Form for Request for Information Fliers

Appendix D
Letter to Food Service Directors

Appendix E
Activities from Richmond High School's Peer Outreach Project

Appendix F
Sample School Board Resolution and School Board Policy

Appendix G
Order Form for Healthy Families/Medi-Cal for Children Outreach,
Marketing, and Enrollment Materials

Appendix H
Sample "Mini-Poster"

Appendix I
Informational Flier on Public Charge

Appendix J
Proposition 10 County Commission Contact List

Appendix K
Sample Memorandum of Understanding

Appendix L
Principles for Strategic Advocacy

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APPENDIX A

ADDITIONAL RESOURCES AND WEB SITES

Note: These resources were current at the time this guide was printed. More information about the programs listed in this guide can be found at www.healthykidsproject.org or by contacting the groups directly.

100% Campaign
www.100percentcampaign.org

Alum Rock Union Elementary School District
Assistant Superintendent
408-928-6825

American Lung Association
www.californialung.org

Bakersfield City Elementary School District
Healthy Start Program
661-631-5895

California Association of Peer Programs
www.cappeer.org
626-564-0099

California Budget Project
www.cbpp.org
916-444-0500

California Children & Families Commission
www.cafc.ca.gov
916-323-0056

California Department of Finance
www.dof.ca.gov
916-445-3878

California Department of Health Services
Office of Medi-Cal Procurement
Healthy Families/Medi-Cal for Children Outreach Contracts
www.dhs.ca.gov/mcs/omcp

California Department of Health Services
School Health Connections
www.dhs.ca.gov/schoolhealth (expected Fall 2001)
916-653-7746

California Immigrant Welfare Collaborative
www.nilc.org/ciw/ciwindex.htm
916-448-6762

CaliforniaKids
www.californiakids.org
818-461-1400

California School Boards Association
www.csba.org
916-371-4691

California State Association of Counties
www.csac.counties.org
916-327-7500

Certified Application Assistant Helpline
888-237-6248

Children Now
www.childrennow.org
510-763-2444

Children's Defense Fund
www.childrensdefense.org
510-663-3224
213-749-8787

Children's Partnership, The
www.childrenspartnership.org
310-260-1220

Communities in Schools—Peer Outreach Project
Richmond High School
West Contra Costa Unified School District
510-232-2656

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ADDITIONAL RESOURCES AND WEB SITES

Note: These resources were current at the time this guide was printed. More information about the programs listed in this guide can be found at www.healthykidsproject.org or by contacting the groups directly.

Foundation Center, The
www.fdncenter.org
415-397-0902

Health-e-App
www.healtheapp.org
510-433-9676

Health Insurance Access Through Schools
University of California, San Diego
School Health USA—Community Pediatrics
619-681-0647

Healthy Families
www.healthyfamilies.ca.gov

Healthy Kids, Healthy Schools Project
Consumers Union
www.healthykidsproject.org
415-431-6747

Healthy Start Program
California Department of Education
www.cde.ca.gov/healthystart
916-657-3558

Kaiser Permanente Cares for Kids
www.kaiserpermanente.org/california
800-255-5053

LEA Medi-Cal Technical Assistance Program
www.learnedl-caltra.org

Los Angeles Unified School District
Children's Health Access and Medi-Cal Program (CHAMP)
213-763-8318

Managed Risk Medical Insurance Board
www.mrmib.ca.gov
916-324-4695

Medi-Cal Administrative Activities
www.dhs.cahwnet.gov/mcs/mcpd/MBB/ACSS/index.htm

Migrant Education Program
California Department of Education
www.cde.ca.gov/iesd/migrant.html
916-657-2561

National Immigration Law Center
www.nilc.org
213-639-3900

Pasadena Unified School District
Health Care Insurance Outreach Worker
626-795-2768

Richard Heath and Associates (RHA, Inc.)
www.rhainc.com
888-237-6248

Santa Maria-Bonita School District
Healthy Start Program
805-346-8551

U.S. Immigration and Naturalization Service
www.ins.usdoj.gov/graphics

REQUEST FOR INFORMATION FLIERS—ENGLISH

**MEDI-CAL FOR
CHILDREN****HEALTHY
FAMILIES****GOOD NEWS ABOUT HEALTH COVERAGE!**

Now, more children qualify for
free or low-cost medical, dental and vision
care coverage programs!

Interested in more information?
If so, please fill out this form
and return it to your child's school
or call 1-888-747-1222 (toll free).



☐ Yes, please send me information and an application for health coverage in:

- ☐ English
☐ Español
☐ Sinhala

- ☐ Việt Ngữ
☐ 한국어
☐ ភាសាខ្មែរ

- ☐ Hmoob
☐ Русский язык
☐ فارسی

- ☐ 中文
☐ ភាសាខ្មែរ

Would you like a trained Healthy Families/Medi-Cal for Children representative to
contact you at the phone number you list below to help you, free of charge, with the
application process? ☐ Yes ☐ No

()
PARENT/GUARDIAN'S AREA CODE AND PHONE NUMBER

PARENT/GUARDIAN'S NAME

CHILD'S NAME

STREET ADDRESS/P.O. BOX

CITY

ZIP CODE

COUNTY

SCHOOL NAME

Parent/Guardian's Privacy Notice
The law requires us to tell you what we
will do with any personal information
you choose to send us on this form.
Healthy Families or the Department of
Health Services will send you information,
or if you want to be contacted, will have
a representative use the information to
contact you about health coverage for
your child(ren). This information will
not be used for any other purpose.
If you have questions about this form,
please call 1-888-747-1222 (toll free).

PARENTS/GUARDIANS
Return this form to your child's school
or call 1-888-747-1222 (toll free) if you want
information or someone to contact you.

SCHOOL STAFF
Please forward this form to your School
Food Services Director or District Health Staff.

**SCHOOL FOOD SERVICES DIRECTOR OR
DISTRICT HEALTH STAFF**
Please mail this form to:
Healthy Families/Medi-Cal
for Children Request
State of California
P.O. Box 2590
Rancho Cordova, CA 95741-2590



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REQUEST FOR INFORMATION FLIERS—SPANISH

**MEDI-CAL FOR
CHILDREN****HEALTHY
FAMILIES****¡BUENAS NOTICIAS SOBRE COBERTURA DE SALUD!**

¡Ahora más niños califican para recibir
cobertura en programas gratis y de bajo costo
de atención médica, dental y de la vista!



Si le interesa obtener más información,
llene este formulario y entrégelo a
la escuela de su niño o llame al
1-888-747-1222 (gratis).



☐ Si, por favor mándeme información y una solicitud para cobertura de salud en:

☐ English
☐ Español
☐ العربية

☐ Việt Ngó
☐ 한국어
☐ ភាសាខ្មែរ

☐ Hmoob
☐ Русский язык
☐ فارسی

☐ 中文
☐ ភាសាខ្មែរ

¿Le gustaría que un representante capacitado de Healthy Families/Medi-Cal for
Children le llame al teléfono que usted indica a continuación para ayudarlo, sin
carga, con el proceso de la solicitud? ☐ Si ☐ No

()
CÓDIGO DE ÁREA Y NÚMERO DE TELÉFONO DEL PADRE/TUTOR

NOMBRE DEL PADRE/TUTOR

NOMBRE DEL NIÑO

DIRECCIÓN/APARTADO POSTAL

CONDADO

CUIDAD

CÓDIGO POSTAL

NOMBRE DE LA ESCUELA

**Notificación sobre privacidad para
padres/tutores**
La ley nos requiere decirle que nosotros
con cualquier información personal
que usted nos dé, nosotros, Healthy Families o el
Departamento de Servicios de Salud
los usaremos para proporcionar la
información que usted nos pide. Si usted lo
desea, un representante utilizará la
información para comunicarse con usted
en relación con la cobertura de salud de
su hijo. Esta información no se
utilizará para ningún otro fin. Si usted
prefiere no dar esta información, por favor
llame al 1-888-747-1222 (sin cargo).

PADRES/TUTORES
Regresen este formulario a la escuela
de su niño o llame al 1-888-747-1222 (gratis)
si desean recibir información o que alguien
se comunique con ustedes.

SCHOOL STAFF
Please forward this form to your School
Food Services Director or District Health Staff.

**SCHOOL FOOD SERVICES DIRECTOR OR
DISTRICT HEALTH STAFF**

Please mail this form to:
Healthy Families/Medi-Cal
for Children Request
State of California
P.O. Box 2590
Rancho Cordova, CA 95741-2590



Spanish

BEST COPY AVAILABLE

ORDER FORM FOR REQUEST FOR INFORMATION FLIERS

Healthy Families and Medi-Cal for Children
ORDER FORM
Parent Information Flyer For Schools

ORDER REQUESTED BY:

CONTACT PERSON

SCHOOL NAME

SCHOOL DISTRICT

MAILING ADDRESS

CITY

COUNTY

STATE

ZIP

()

()

PHONE

FAX

Please indicate the quantities of flyers you want in the following languages:

___ English

___ Hmong

___ Cambodian

___ Lau

___ Spanish

___ Chinese

___ Korean

___ Farsi

___ Vietnamese

___ Russian

___ Armenian

Please allow 5-7 working days for standard delivery of your order.

FAX Orders to: 916/849-0778

Mail Orders to: Attn: Outreach Materials for Schools
P.O. Box 13029
Sacramento, CA 94813-4029

**AVAILABLE ONLY TO
SCHOOLS, DISTRICTS AND
OFFICES OF EDUCATION**

For Office Use Only:

Date order received: ____ / ____ / ____

Date order disbursed: ____ / ____ / ____

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State Superintendent of Public Instruction

Dear School Food Service Director:

This year, we are asking for your help once again to help reach the over 1.48 million uninsured children eligible for Healthy Families and Medi-Cal for Children. Many children participating in the National School Lunch Program may be eligible for, but not enrolled in the State's health insurance programs. As you know, a child's good health is a critical element of successful school performance.

- Include the enclosed Healthy Families/Medi-Cal for Children RFI entitled, "Good News About Health Coverage!" in your back-to-school materials distributed to households at the beginning of the school year. **If you are unable to duplicate large quantities of the flyer, bulk quantities are available through DHS. The flyer is also available in eleven languages. (See enclosed order form).**
- Mail the flyers that are returned by parents to the DHS address specified at the bottom of the flyer. Or, if your district would prefer to retain the flyers for direct follow-up with parents, please inform DHS of the total count of returned flyers by e-mailing: adiaz1@dhs.ca.gov.

Sincerely,

Enclosures

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APPENDIX E

ACTIVITIES FROM RICHMOND HIGH SCHOOL'S PEER OUTREACH PROJECT

Peer Outreach Project's Script for Classroom Presentations

1. Introduce your team

- ★ Ask students to introduce themselves and answer the check-in question (optional).

2. Explain why you are here today and what you will be doing

- ★ To talk about why it is important for young people to use their health coverage.
- ★ To share information with students about the three health programs available for children and young people who don't have any health coverage at the moment: Healthy Families, Medi-Cal, CaliforniaKids.
- ★ To give you information about what you can do and where you (or your parents/guardians) can receive assistance in order to apply for any of these programs.

3. Go over ground rules

- ★ The class must agree to them before you begin the activity.

4. Explain pre-information activity (Scavenger Hunt, How Much Do You Know, Quiz Questions, etc.)

★★★★ Mention that prizes will be awarded for participation! ★★★★★

5. Talk about why it is important for young people to use their health insurance

- ★ Teens are one of the most uninsured groups in California.
- ★ During adolescence, you can ask your doctor about body changes during puberty, menstruation, growth and cleanliness, feeling confident and happy, alcohol, drug and tobacco use, dating and sexual concerns, birth control, eating disorders, skin problems, anger, violence, and related problems.
- ★ Many are involved in activities (sports, dance, etc.) and need to have coverage in case of injuries.
- ★ You can ask the doctor for advice about exercise, nutrition, weight, emotions and behavior, ability to handle problems such as divorce or death, school learning problems, family problems.
- ★ Visit your doctor for regular check-ups every six months or at least once a year to make sure you are healthy and your immunizations are up-to-date, track your development, find physical problems or complications before they become serious, and get answers to all of your health questions.
- ★ You can go to the doctor, dentist, or optometrist not only for emergencies but also check-ups and physical exams.

6. Give the information on

- ★ Healthy Families
- ★ Medi-Cal
- ★ CaliforniaKids

7. Explain where to go for assistance or get more information

- ★ Where they can go on campus, where CIS is located
- ★ What times they can go
- ★ What time you are there
- ★ A number they can call (Hand out flier)

8. Explain post-information activity (Group Jeopardy, Bingo)

9. Give prizes to winning teams and individuals and ask if there are any questions. Thank the teacher and the class for their time and attention.

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Directions for Peer Outreach Project's Activities

SCAVENGER HUNT (5 minutes)

The person who fills out all the boxes wins a prize.

- ★ Hand out activity sheet.
- ★ Instruct students to spend the next 3 minutes looking for people who meet the requirements listed on the sheet and have those people sign in the appropriate box.
- ★ When the 3 minutes are up, instruct students to sit down.
- ★ Go over each of the items students were supposed to find. Ask: *How many people were found?* (This will continue the interaction with the class.)

HOW MUCH DO YOU KNOW?

The group who gets the most correct answers wins a prize.

- ★ Divide the class into 3 groups: A, B, and C.
- ★ Explain that this is a multiple-choice quiz.
- ★ Ask the first question, and give the group time to come up with an answer. Ask each group for its answer, write it down on the board, and then review the correct answer.
- ★ Repeat step 3 for the rest of the questions.
- ★ Add up all the correct answers for each group.
- ★ Announce the winner and award the prize.

GROUP JEOPARDY (5-10 minutes)

The group who gets the most correct answers wins a prize.

- ★ Divide the class into 3 groups: A, B, and C.
- ★ Select someone from the class to choose the first question.
- ★ The first person to raise his or her hand gives an answer. If he or she answers correctly, give the points to that group. If he or she gives the wrong answer, keep asking the question until somebody gets it right.
- ★ Let the person who correctly answered the question choose the next question.
- ★ Repeat steps 3 and 4 until all the questions are answered.
- ★ At the end of the game, add up all the points for the groups and announce the winner.

SCAVENGER HUNT Activity Sheet

Find someone who meets one of the following requirements:

SOMEONE WHO HAS HEALTH INSURANCE	SOMEONE WHO HAS HEARD OF HEALTHY FAMILIES	SOMEONE WHO HAS BRACES
SOMEONE WHO PLAYS A SPORT	SOMEONE WHO HAS GONE TO THE EMERGENCY ROOM	SOMEONE WHO USES EYEGLASSES OR PRESCRIPTION CONTACTS
SOMEONE WHO HAS GOTTEN A DENTAL CHECK-UP WITHIN THE LAST 6 MONTHS	SOMEONE WHO LIKES TO SLOW DANCE	SOMEONE WHO HAS GOTTEN A MEDICAL CHECK-UP WITHIN THE LAST 6 MONTHS

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HOW MUCH DO YOU KNOW?

CALIFORNIAKIDS

Q: True or False: Undocumented teens (without a green card) can apply for this program.

A: TRUE. Because CaliforniaKids is a nonprofit organization and not a government program, no documentation to prove citizenship status is required for those who will be receiving services.

Q: True or False: CaliforniaKids covers emergency-room costs.

A: FALSE. CaliforniaKids covers medical, vision, and dental costs but does not cover emergency-room or any in-hospital costs. One would have to apply for Emergency Medi-Cal to receive that benefit.

Q: True or False: CaliforniaKids provides coverage for children and young adults ages 2-20.

A: FALSE. It covers children and young adults who are between 2 and 19 years old.

MEDI-CAL

Q: How much does Medi-Cal cost?

A: NOTHING! Medi-Cal is a NO-COST program for children.

Q: True or False: Medi-Cal does not provide dental coverage.

A: FALSE. Just like Healthy Families, Medi-Cal provides dental, vision, and medical coverage.

Q: True or False: To qualify one must be under 19 years old or pregnant.

A: TRUE. Medi-Cal offers coverage to children ages 0-19 and to any pregnant woman.

HEALTHY FAMILIES

Q: How much does your family have to make to qualify for Healthy Families?

A: It depends on your parents' income and the number of people in your family. Anyone who does not qualify for Medi-Cal because their income is too high should apply for Healthy Families.

Q: How much do you have to pay each month to get Healthy Families?

A: Anywhere between \$4 per child to \$27 for all the children and young people enrolled. Again, it depends on your parents' income and the size of your family.

Q: True or False: You have to go into the Social Services office to apply for Healthy Families.

A: FALSE. You can get help to complete the application at CIS and mail in the application. We can even help you complete the application.

BONUS QUESTION

Q: For what other program can you apply on the Healthy Families application?

A: Medi-Cal. You don't even need to go into the Social Services office to apply for Medi-Cal.

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JEOPARDY QUESTIONS

CaliforniaKids	Healthy Families	Medi-Cal	True/False Potpourri
Your parents' information will be shared with Immigration. A: No. The information is not shared with anyone. All the information is confidential.	Age you have to be to qualify for Healthy Families. A: From 0 to 19 years old.	Age you have to be to qualify for Medi-Cal services. A: From 0 to 19 years old.	CaliforniaKids is a government-funded program. A: False. CaliforniaKids is a nonprofit organization.
This is the cost for visits to the doctor, dentist, or optometrist. A: You have to pay \$5 for every visit to the doctor, dentist or optometrist.	These are the type of services Healthy Families provides. A: Health, vision, and dental.	Place you can go to get more information or get help in filling out an application. A: You can go to Communities in Schools (CIS).	There are no health coverage programs available for undocumented children. A: False. CaliforniaKids is a program for undocumented children.
CaliforniaKids is for children ages 0-18. A: False. It is for children 2-18.	This is what you have to pay to get Healthy Families coverage. A: Between \$4 and \$27 depending on your income and number of family members.	Name of other program you can apply for on the Healthy Families application. A: Medi-Cal.	Medi-Cal is only for people who don't work. A: False. Medi-Cal is for low-income families.



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APPENDIX F

SAMPLE SCHOOL BOARD RESOLUTION

CALIFORNIA SCHOOL BOARDS ASSOCIATION SAMPLE RESOLUTION—HEALTHY FAMILIES

WHEREAS, on July 1, 1998, California's new Healthy Families program joined forces with Medi-Cal for Children to provide low-cost and no-cost comprehensive health, dental, and vision care coverage to the state's most vulnerable population—low-income, uninsured children under 19 years of age, an effort funded in part by a federal allocation of state grants known as the Children's Health Insurance Program;

WHEREAS, the Governing Board of the School District recognizes that good health is a prerequisite to optimal learning and that schools can help students achieve academic success by participating in efforts that promote good health, including access to regular medical care;

WHEREAS, health is defined in a broad sense as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity;

WHEREAS, California schools have already demonstrated their commitment to students' health through the institution of such programs as Healthy Start and after-school programs, early care and education programs, school-based/school-linked health services, child nutrition services, counseling services, and immunization programs;

WHEREAS, of California's over 9 million children, nearly one in five has no health care coverage, and nearly one in five children without health care coverage do not receive necessary medical treatment for chronic illnesses that are serious enough to keep them from functioning in school;

WHEREAS, absenteeism among students is clearly associated with school failure, and research shows that students who miss more than 10 days of school in a 90-day semester have trouble remaining at their grade level;

WHEREAS, health services is one of the important elements of a comprehensive approach to promoting health and preventing disease and disability in children and youth;

WHEREAS, the Board acknowledges the value of health insurance in keeping children healthy through access to regular medical care;

WHEREAS, children without health insurance are less likely to have a family doctor; receive timely preventive care; receive medical treatment; learn in school; and grow up to be healthy, productive adults;

WHEREAS, the Board acknowledges that while our schools play a critical role in helping children access health care services, it is essential to achieve this in collaboration with local agencies and community-based organizations; and

WHEREAS, the Board recognizes that it is only through the shared responsibility and collective action of schools, local agencies, and/or community-based organizations that we can ensure positive outcomes for our children and youth;

THEREFORE, BE IT RESOLVED that the Board of the School District will work to improve children's health, thereby improving their academic performance, by helping to ensure that all children have health insurance. To this end, the district will participate in outreach and enrollment efforts related to California's low-cost Healthy Families Program, no-cost Medi-Cal for Children, and other affordable health programs. This effort will help ensure optimal learning for every child by addressing their health problems and maximizing school attendance.

PASSED AND ADOPTED THIS _____ day of _____, _____, at a regular meeting, by the following vote:

AYES: _____ NOES: _____ ABSENT: _____

Attest:

Secretary

Principal

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SAMPLE BOARD POLICY

STUDENT HEALTH AND SOCIAL SERVICES

Note: CSBA along with the California Department of Health Services (DHS) and the California Department of Education (CDE) have joined efforts in urging local school board members to take an active role in helping to ensure that children in their district have access to health care. In particular, CSBA, DHS, and CDE are encouraging involvement in outreach and enrollment efforts related to affordable health coverage programs for children of low to moderate income working families, such as the state's Healthy Families Program and Medi-Cal for Children.

Because good physical and mental health is critical to a student's ability to learn, the Governing Board believes that all students should have access to comprehensive health and social services. The Board desires to collaborate with local and state health, mental health and social service providers in order to offer integrated services at or near district schools to provide necessary health care services to students with needs for such services.

The Board directs the Superintendent or designee to promote the participation by district students in affordable, comprehensive health coverage programs such as Healthy Families, Medi-Cal for Children and other health coverage programs to children of low to moderate income working families.

(cf. 1020 - Youth Services)

Note: Pursuant to DHS regulations (22 CCR 51051 and 51190.1), districts or county offices may serve as Medi-Cal providers for eligible enrolled students under age 22. To do so, the district must sign a contract with DHS and comply with administrative requirements set forth in 22 CCR 51270. If desired, such districts can also provide and receive funding for services extended to students' family members who are eligible for Medi-Cal.

Federal funds which the district receives as reimbursement for the costs of health and social services provided to individuals eligible for Medi-Cal must be reinvested in services for school children and their families (22 CCR 51270). These services may include, but not be limited to, those identified in Education Code 8804(g). The district must consult with a local school-linked services collaborative group as defined in Education Code 8806.

Pursuant to Education Code 8804, Healthy Start grant recipients are required to seek designation as Medi-Cal providers. Education Code 8804 provides support services grants to qualifying schools, as specified. The law extends to five years the period for which an operational grant is awarded and specifies that recipients of operational grants may also receive one-time startup grants in an amount not to exceed \$100,000.

The district may provide preventive, diagnostic, therapeutic and/or rehabilitative health services on an outpatient basis at school sites. The district shall serve as a Medi-Cal provider to the extent feasible, shall comply with all related legal requirements and may be reimbursed to the extent allowed under the Medi-Cal billing option for local educational agencies.

(cf. 5131.6 - Alcohol and Other Drugs)

(cf. 5141.21 - Administering Medication and Monitoring Health Conditions)

(cf. 5141.22 - Infectious Diseases)

(cf. 5141.24 - Specialized Health Care Services)

(cf. 5141.26 - Tuberculosis Testing)

(cf. 5141.3 - Health Examinations)

(cf. 5141.31 - Immunizations)

(cf. 5148 - Child Care and Development)

(cf. 6159 - Individualized Education Program)

(cf. 6164.6 - Identification and Education under Section 504)

SAMPLE BOARD POLICY

Legal References:

EDUCATION CODE

8800-8807 *Healthy Start* support services for children

49423.5 *Specialized physical health care services*

56340 *Meetings to develop, review and revise individualized education programs*

GOVERNMENT CODE

95020 *Individualized family service plan*

WELFARE AND INSTITUTIONS CODE

14132.06 *Covered benefits; health services provided by local educational agencies*

CODE OF REGULATIONS, TITLE 10

2699.6500-2699.6815 *Healthy Families Program*

CODE OF REGULATIONS, TITLE 17

2951 *Testing standards*

CODE OF REGULATIONS, TITLE 22

51051 *Providers of services*

51096 *Speech pathology*

51098 *Audiological services*

51190.1 *Local educational agency eligible beneficiary*

51190.2 *Local educational agency provider*

51190.3 *Local educational agency practitioner*

51190.4 *Local educational agency services*

51190.5 *Managed care plan*

51231.2 *Wheelchair van requirements*

51270 *Local educational agency provider; conditions for participation*

51309 *Psychology*

51323 *Medical transportation services*

51351 *Targeted case management services*

51360 *Local educational agency; types of services*

51491 *Local educational agency eligibility for payment*

51535.5 *Reimbursement to local educational agency providers*

Management Resources:

CDE PUBLICATIONS

LEA Medi-Cal Billing Option, 4/25/94

WEB SITES:

CDE www.cde.ca.gov

Healthy Families Program ... www.healthyfamilies.ca.gov

CSBA www.csba.org

Note: Pursuant to 22 CCR 51360, districts that have contracted with the Department of Health Services (DHS) to be a Medi-Cal provider may be partially reimbursed for any or all of the services in items #1-9 below when provided to individuals eligible for Medi-Cal.



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SAMPLE BOARD POLICY

The following services may be provided to students by the district: (22 CCR 51360)

1. Health and mental health evaluation and education, including:
 - a. Nutritional assessment and nutrition education, consisting of assessments and nonclassroom nutrition education based on the outcome of the nutritional health assessment (diet, feeding, laboratory values and growth)
 - b. Vision assessment, consisting of examination of visual acuity at the far point conducted by means of the Snellen Test
 - c. Hearing assessment, consisting of testing for auditory impairment using at-risk criteria and appropriate screening techniques as defined in 17 CCR 2951(c)
 - d. Developmental assessment, consisting of examination of the developmental level by review of developmental achievement in comparison with expected norms for age and background
 - e. Assessment of psychosocial status, consisting of appraisal of cognitive, emotional, social and behavioral functioning and self-concept through tests, interviews and behavioral evaluations
 - f. Health education and anticipatory guidance appropriate to age and health status, consisting of nonclassroom health education and anticipatory guidance based on age and developmentally appropriate health education (cf. 5141.3-Health Examinations)
2. Physical therapy, which consists of services as set out in 22 CCR 51309(b) when provided by a local educational agency (LEA) practitioner to an LEA eligible beneficiary
3. Occupational therapy services as set out in 22 CCR 51309(c) when provided by a LEA practitioner to an LEA eligible beneficiary
4. Speech pathology services as defined in 22 CCR 51096 and audiology services as defined in 22 CCR 51098 when provided by a LEA practitioner to an LEA eligible beneficiary
5. Psychology and counseling services consisting of diagnosis and psychological counseling of identified mental health, substance abuse, behavioral adjustment or social problems (cf. 5131.6-Alcohol and Other Drugs)
6. Preventive and medically necessary nursing services rendered at the school site and services for accompanying the student off campus for health services specified as medically necessary in the individual's Individualized Education Program (IEP), as defined in Education Code 56340, Individualized Family Service Plan (IFSP), as set forth in Government Code 95020 or Individualized Health and Support Plan (IHSP), as set forth in 22 CCR 51535.5 (cf. 5141.26-Tuberculosis Testing) (cf. 5141.31-Immunizations) (cf. 6159-Individualized Education Program)
7. School health aide services consisting of the direct provision of specialized physical health care services at the school site and services for accompanying the student off campus for health services specified as medically necessary in the individual's IEP, IFSP or IHSP

Note: With the exception of trained and supervised health care aides who provide specialized physical health care services pursuant to Education Code 49423.5, practitioners whom the district employs or with whom it contracts must be credentialed to practice as a physician, registered nurse, psychologist, school counselor or one of 17 other professions listed in 22 CCR 51190.3 in order for the districts to receive Medi-Cal funding.

Health care aides who provide specialized physical health care services pursuant to Education Code 49423.5 shall be under the supervision of a licensed physician and surgeon, a registered credentialed school nurse or a certified public health nurse. All other individuals performing health and social services shall provide documented evidence of being licensed, certified, registered or otherwise credentialed to practice in California. They shall provide only those services which are within their appropriate scope of practice. (22 CCR 51190.3, 51270, 51491) (cf. 5141.24-Specialized Health Care Services)

Note: For Medi-Cal-eligible students without an IEP or IFSP, Medi-Cal reimbursements are made only for trips between the school site and the location where health services are rendered on days they receive a Medi-Cal covered service.

8. Medical transportation and associated mileage only on those days when the student receives a Medi-Cal eligible service described in 22 CCR 51323(a) and 51360(b)
9. Targeted case management services for children with an IEP, an IFSP or an IHSP
Note: For more information concerning the Healthy Families Program, interested parties are encouraged to call DHS at 1-800-880-5305.
10. Referral to the Medi-Cal for Children Program or Healthy Families Program as described in 10 CCR 2699.6500-2699.6815.
11. Other services which may not be funded by Medi-Cal.

Note: The CDB fact sheet "LEA Medi-Cal Billing Option" indicates that if the district wishes to offer Child Health and Disability Prevention screening, diagnosis and treatment for Medi-Cal-eligible and other low-income children, the districts must be enrolled by its county health department. (cf. 5141.32-Child Health and Disability Prevention Program)

Note: According to the Department of Health Services, of California's 1.85 million uninsured children, over 1.1 million have the opportunity to obtain affordable and comprehensive health, dental and vision care coverage through the state's low-cost Healthy Families Program or no-cost Medi-Cal for Children. Because of the importance that regular medical care plays in a student's ability to learn and the role that schools have in a child's life, the Department of Health Services has prepared the following resolution urging districts to take a more active role in ensuring that children have access to affordable health care programs.



ORDER FORM

Order form created for
use by Consumers Union

Order by phone. Call toll-free:
Certified Assistant HELP Line 888-237-6248

Order by mail: RHA HF/MCF Orders 590 West Locust Avenue, Suite 103, Fresno, CA 93650
Order by Fax: RHA: 559-447-7001

Please specify delivery address for requested materials

Date _____

Organization Name / Individual Name _____

Business Address _____

City _____

Zip Code _____

Delivery Address (if different) P.O. Boxes will not be accepted

City _____

Zip Code _____

Name of Contact Person _____

() _____

Phone _____

() _____

Fax _____

STANDARD DELIVERY

Please allow 4 to 5 working days for standard delivery at no cost.

SPECIAL DELIVERY REQUEST

You may request to have materials shipped at your cost by:

☐ UPS ☐ FedEx ☐ Other _____

Preferred Method:

☐ Overnight ☐ 2-Day ☐ Ground

Your Billing Authorization / Account # _____

These materials are available free of charge in limited quantities.
Some materials may be discontinued without notice.

White, 100% cotton T-Shirts with official color logo on front (minimum order of 12).
Banners in various sizes with official color logo from \$85 to \$199 (plus tax & shipping).
To purchase contact CeCee at (213) 480-0042.

OUTREACH AND MARKETING MATERIALS

Indicate requested quantities below

PANEL CARD

4" x 9"; 200 per package

Armenian _____
Cambodian _____
Chinese _____
English _____
Farsi _____
Hmong _____
Korean _____
Lao _____
Russian _____
Spanish _____
Vietnamese _____

READY-TO-COPY FLYER

8 1/2" x 11"; Customizable

English/Spanish _____

TEAR-OFF DISPLAY UNIT

8 1/2" x 11"; Display (100 sheets per pad)

Cardboard Display _____

Eng./Span. Pad _____

MMM POSTERS

8 1/2" x 11" (25 per package, one package per order)

English _____
Spanish _____
Armenian _____
Cambodian _____
Chinese _____
Farsi _____
Hmong _____
Korean _____
Lao _____
Russian _____
Vietnamese _____

RHA USE ONLY
Order CodeRHA USE ONLY
Order Code

000000 136269

Two Health Care Programs for California Kids.

Healthy Families

4-9 per month
per child

Medi-Cal - 0

Get complete medical, dental & vision care for children under age 12.

Working families spend less
on short-term medical applications.

You choose your doctor and health plan.
We'll cover it free. Help complete the application.

Call toll-free
1-888-747-1222

**ALL
FAMILIES**

**MEDI-CAL FOR
CHILDREN**

Dos Programas de Salud Para Niños de California.

Healthy Families

4-9 años

Medi-Cal - 0

Obtenga cobertura completa médica, dental y de la vista para niños menores de 19 años.

* ¿Tiene que trabajar para ganar su dinero?
* ¿Tiene una familia que vive en el extranjero?
* ¿Puede encontrar un lugar para vivir?

* ¿Tiene que ir a la escuela?
* ¿Tiene que ir a la iglesia o a la escuela?
* ¿Tiene que ir a la escuela o a la iglesia?

Llame Gratis al
1-888-747-1222

**HEALTHY
FAMILIES**

**MEDI-CAL FOR
CHILDREN**

101 (Spanish poster)

BEST COPY AVAILABLE

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INFORMATIONAL FLIER ON PUBLIC CHARGE



WILL USING BENEFITS HURT MY CHANCES OF GETTING A
GREEN CARD OR BECOMING A U.S. CITIZEN?

GOOD NEWS! INS says:

If you **DO NOT** have a green card yet



It will NOT hurt
your chances
of getting a
green card
if YOU, your
CHILDREN, or
other FAMILY
MEMBERS use:

- ✦ **HEALTH CARE**, such as: Medi-Cal, Healthy Families, WIC, prenatal care, other free or low-cost medical care
- ✦ **FOOD programs**, such as: Food Stamps, WIC, school meals, and other food assistance
- ✦ **Other programs that do not give cash**, such as: public housing, disaster relief, child care services, job training, transportation vouchers



You MIGHT
have a problem
getting your
green card later
ONLY IF:

- ✦ **YOU use CASH WELFARE**, such as: CalWORKs, Supplemental Security Income (SSI), General Assistance (GA), Cash Assistance Program for Immigrants (CAPI)
- ✦ **OR your family's only source of support is cash welfare** received by your **CHILDREN** or other **FAMILY MEMBERS**
- ✦ **OR you are in a nursing home or other LONG-TERM CARE** paid for by Medi-Cal or other government funds

Call one of the phone numbers listed on the back for more information.

If you are a **REFUGEE** or **ASYLEE**



You can use ANY benefits, including cash welfare, health care, food programs, and non-cash programs, without hurting your chances of getting a green card.

English, CA - p. 1 of 2 - 6/99



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INFORMATIONAL FLIER ON PUBLIC CHARGE

If you already HAVE a green card:

 **You CANNOT lose your green card** if YOU, your CHILDREN, or other FAMILY MEMBERS use:

- ◆ **HEALTH CARE, FOOD programs, and other NON-CASH programs**
- ◆ **CASH WELFARE**
- ◆ **LONG-TERM CARE**

 **But You MIGHT have a problem:**

- ◆ If you leave the U.S. for more than 6 months continuously and you have used cash welfare or long-term care.
- ◆ OR in extremely rare cases, if you use cash welfare or long-term care during your first 5 years in the U.S., for reasons (such as an illness or disability) that existed before you entered the country.

Call one of the phone numbers below for more information.

 **You CANNOT be denied U.S. citizenship** for lawfully receiving benefits, including cash welfare, health care, food programs, and non-cash programs.

 **Using benefits, including cash welfare, health care, food programs, and non-cash programs, should not prevent you from sponsoring your relative.** But you will need to show that you or your co-sponsor earn enough income to support your relative.

FOR MORE INFORMATION, CALL:

OR CALL:

IN NORTHERN CALIFORNIA
Northern California Coalition for
Immigrant Rights
Immigrant Assistance Line
415/543 - 6767 Spanish/English
415/543 - 6768 Chinese/English
415/543 - 6767 Vietnamese/English

IN SOUTHERN CALIFORNIA
Coalition for Immigrant Rights
of Los Angeles
888/624 - 6762 Spanish/English
888/624 - 6762 Russian/English
Asian Pacific American Legal Center
323/748 - 3001 English

Developed by the Asian Pacific American Legal Center for the California Immigrant Welfare Collaborative, a joint project of
Coalition for Immigrant Rights of Los Angeles * National Immigration Law Center * Northern California Coalition for Immigrant Rights * Asian Pacific American Legal Center

Translation funded and coordinated by Community Values Project for Immigrant Health of Asian Health Services & La Clínica de la Raza - Alameda County City. American Immigration Lawyers Association
National Asian Pacific American Legal Resources National Council of La Raza National Immigration Housing National Immigration Law Center National Immigration Project of the National Lawyers Guild
and the United States District Court.

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APPENDIX J

PROPOSITION 10 COUNTY COMMISSION CONTACT LIST

For more information about funding through County Children and Families Commissions, see the list below.

County	Phone/Fax
Alameda	P: 510-667-7575 F: 510-614-8850
Alpine	P: 530-694-1149
Amador	P: 209-223-6601 F: 209-223-6579
Butte	P: 530-538-6464 F: 530-538-2165
Calaveras	P: 209-754-6460 F: 209-754-6459
Colusa	P: 530-473-3927 F: 530-473-5990
Contra Costa	P: 925-335-9991, ext. 11 F: 925-335-0418
Del Norte	P: 707-464-3191 F: 707-465-1783
El Dorado	P: 530-622-7130, ext. 404 F: 530-672-8576
Fresno	P: 559-241-6515 F: 559-241-6510
Glenn	P: 530-865-1145
Humboldt	P: 707-445-6210 F: 707-476-4960
Imperial	P: 760-339-4474 F: 760-339-4668
Inyo	P: 760-872-0925 F: 760-872-2769
Kern	P: 661-328-8888 F: 661-328-8880

County	Phone/Fax
Kings	P: 559-585-0814 F: 559-585-0818
Lake	P: 707-263-1608 P: 707-263-1862 F: 707-262-1470
Lassen	P: 530-257-9600, ext. 12 F: 530-251-2184
Los Angeles	P: 213-482-6601 F: 213-482-9470
Madera	P: 559-661-5155 F: 559-674-7262
Marin	P: 415-499-3282 F: 415-499-6396
Mariposa	P: 209-966-3689 F: 209-966-4929
Mendocino	P: 707-462-4453 F: 707-462-5570
Merced	P: 209-381-1200 F: 209-381-1215
Modoc	P: 530-233-0910 F: 530-233-0944
Mono	P: 760-924-7626 F: 760-934-1443
Monterey	P: 831-444-8549, ext. 21 F: 831-444-8637
Napa	P: 707-257-1410 F: 707-257-1417
Nevada	P: 530-265-0611, ext. 224 F: 530-265-0524

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PROPOSITION 10 COUNTY COMMISSION CONTACT LIST

For more information about funding through County Children and Families Commissions, see the list below.

County	Phone Fax
Orange	P: 714-834-2307 F: 714-834-4790
Placer	P: 530-889-6751 F: 530-889-6763
Plumas	P: 530-283-6159 F: 530-283-6425
Riverside	P: 909-358-5339 F: 909-358-5189
Sacramento	P: 916-929-2384 F: 916-929-3540
San Benito	P: 831-636-4180 F: 831-637-9754
San Bernardino	P: 909-386-7706 F: 909-386-7703
San Diego	P: 619-238-7810 F: 619-238-7849
San Francisco	P: 415-934-4854 F: 415-934-1853
San Joaquin	P: 209-468-0250 F: 209-468-8917
San Luis Obispo	P: 805-781-4058 F: 805-788-2365
San Mateo	P: 650-348-2898 F: 650-348-4019
Santa Barbara	P: 805-884-8085 F: 805-564-8586
Santa Clara	P: 408-289-5330 F: 408-289-1915
Santa Cruz	P: 831-465-2217 F: 831-479-5477

County	Phone Fax
Shasta	P: 530-229-8300 F: 530-229-8301
Sierra	P: 530-993-4884 F: 530-283-0645
Siakiyou	P: 530-938-2834 F: 530-938-9685
Solano	P: 707-435-2965 F: 707-435-2964
Sonoma	P: 707-565-6638 F: 707-565-6619
Stanislaus	P: 209-558-6218 F: 209-558-6226
Sutter	P: 530-822-7327, ext. 270 F: 530-822-7223
Tehama	P: 530-528-1395 F: 530-528-1396
Trinity	P: 530-623-2861, ext. 2222 F: 530-623-8322 F: 530-623-4489 F: 530-623-4222
Tulare	P: 559-737-4660, ext. 2444 F: 559-737-4692
Tuolumne	P: 209-586-0707 F: 209-586-2718
Ventura	P: 805-648-9990 F: 805-653-2358
Yolo	P: 530-669-2475 F: 530-669-2477
Yuba	P: 530-749-6271 F: 530-749-6281

APPENDIX K

SAMPLE MEMORANDUM OF UNDERSTANDING

From Department of Health Services' Request for Application, Healthy Families—Medi-Cal for Children Outreach Contracts

School Partnership Agreement—Memorandum of Understanding (MOU) Healthy Families—Medi-Cal School Outreach

Participants:

This is a partnership between _____ and _____
(Applicant Agency) (School Agency)

Purpose:

The purpose of this partnership is to establish and maintain an effective working relationship between the two parties and ensure that both parties participate in outreach efforts that work toward the overall goals and objectives of the statewide program as stated below.

Program Goal:

To ensure that all eligible children, youth and their parents in California have health care coverage through the Healthy Families and Medi-Cal (HF-MC) programs.

Program Objectives (in order of priority):

To increase enrollment of eligible children, youth and their parents in HF-MC (primary emphasis)

To increase retention of children, youth and their parents in HF-MC

To increase appropriate utilization of health services, especially preventive services, among HF-MC enrolled families

Participation Commitments of Applicant Agency (please list):

--

Participation Commitments of School Agency (please list):

--

Term:

The term of the partnership shall commence if the Applicant Agency is chosen by the Department as a Healthy Families—Medi-Cal school outreach contractor. The Partnership shall be in effect from July 2001 to June 2003 and continued through June 30, 2004, if the contract is extended for one additional year.

Signatures

The responsibilities have been agreed to by the following authorized signatories:

Applicant Agency

School Agency

Agency Name

School Agency Name

Person Responsible and Title

Name of School Board Member, Superintendent or Principal

Signature

Signature of School Board, Superintendent or Principal (Required)

Date

Date

APPENDIX L

PRINCIPLES FOR STRATEGIC ADVOCACY

"I have never lobbied anyone before." "Why would I want to talk to a politician?" "Why would they listen to me?"

These are common feelings we have heard about legislative advocacy. From our own experience, this work is not rocket science.

Below are a few strategies to keep in mind when engaging in advocacy work.

- **TELL A STORY**—Politicians hear, every day, all day long, policy options, goals, and information. What they don't always hear are the individual stories about their constituents that they can retell. The most powerful advocacy efforts weave individual stories and anecdotes into the discussion. You and your efforts will be remembered by the stories you tell. Tell honest stories about real people.
- **DO THE RESEARCH ON YOUR REPRESENTATIVE**—Find out what issues interest your legislator. Is she a doctor? If so, she will care about health issues. Is he a former local official (e.g., member of the board of supervisors)? If so, highlight how your issue is important to politicians.
- **PUT YOURSELF IN THEIR SHOES**—Politicians care a lot about getting reelected or running for another office. They fear that how they vote will be reflected in their opponents' campaign literature. If their district voted overwhelmingly in support of Proposition 187, legislators may be hesitant to vote for immigrants. Be prepared for this reality and develop arguments to help them defend their voting patterns.
- **IMAGINE THE HEADLINE**—Policy decisions often get made by how the headlines in the local newspapers read. When developing your messages, think in terms of headlines: How would you want this issue to be portrayed in the media?
- **WHO LISTENS TO WHOM?**—Politics is based on human relationships. And personal relationships will get you far in politics. If your legislator does not listen to you, find out whom she may hear. Perhaps a member of your board of supervisors is close to the legislator, or a member of his or her faith, maybe a large hospital in her district. Try to demonstrate that many different people, with many different interests—and some with personal relationships—agree with your position.
- **BUILD DIVERSE COALITIONS**—Once you have identified who listens to whom, involve these individuals and institutions in the work you are doing. Although these stakeholders may not agree on everything, they may agree on the issue you are working on. The power of having many voices carry the same message should be used to move your agenda forward.
- **THINK IN TERMS OF 50 PERCENT PLUS ONE**—Politics is based on the majority. Politicians win their elections based on 50 percent plus one of the votes cast. Most legislation passes based on a majority of those present and voting. You don't have to convince all legislators to agree with your position—just 50 percent plus one. Focus on the swing votes of "marginal" members. Ten calls from Dennis Cardoza's district may equal 200 calls to Carole Migden.
- **MONEY DOESN'T MATTER THAT MUCH**—Some advocates may worry, "How do we find the money to fund my legislation?" Although advocating for your proposal's inclusion in the State Budget is very important, your job is to build the political will behind the issue. Anything can happen as long as there is the political will to make it happen. Use advocating in the State Budget process as a strategy to build political will.
- **CHAMPIONS AND ENEMIES**—Your most challenging task as an effective advocate is to make champions out of your "friends" and neutralize your enemies. There will always be a core group of legislators who will vote with you; the challenge is to get them to advocate for you. Two types of legislators to target as champions: legislative leadership (e.g., Speaker of the Assembly and President pro Tempore of the Senate) and "marginal members"—those legislators who won their elections by a few votes.
- **ASK FOR SPECIFIC ACTIONS**—Getting your legislator's support is sometimes not good enough. Always ask for something more than their vote. If the legislator says the Governor does not support your legislation, ask him to help set up a meeting between the Governor and your coalition. Request that the legislator speak with a member who may be sitting on the fence. Ask him to participate in a press conference that your coalition is hosting.
- **ALWAYS FOLLOW-UP**—Follow-up activities are critical to maintaining a relationship with your legislator. Send a letter thanking her for meeting with your group. Provide additional information, press clippings, reports, and letters of support. Ask for a follow-up meeting at another point in the legislative process.

California Immigrant Welfare Collaborative is a joint project of:
Asian Pacific American Legal Center
Coalition for Humane Immigrant Rights, Los Angeles
National Immigration Law Center
Northern California Coalition for Immigrant Rights
Services Immigrant Rights Education Network

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GOOD NEWS ABOUT HEALTH COVERAGE!

Now, more children qualify for
free or low-cost medical, dental and vision
care coverage programs!

Interested in more information?

If so, please fill out this form
and return it to your child's school
or call 1-888-747-1222 (toll free).



☐ Yes, please send me information and an application for health coverage in:

☐ English

☐ Español

☐ Հայերեն

☐ Việt Ngữ

☐ 한국어

☐ ગુજ

☐ Hmoob

☐ Русский язык

☐ فارسی

☐ 中文

☐ ភាសាខ្មែរ

Would you like a trained Healthy Families/Medi-Cal for Children representative to
contact you at the phone number you list below to help you, free of charge, with the
application process? ☐ Yes ☐ No

()
PARENT/GUARDIAN'S AREA CODE AND PHONE NUMBER

PARENT/GUARDIAN'S NAME

CHILD'S NAME

STREET ADDRESS/P.O. BOX

CITY

ZIP CODE

COUNTY

SCHOOL NAME

Parent/Guardian's Privacy Notice
The law requires us to tell you what we
will do with any personal information
you choose to send us on this form.
Healthy Families or the Department of
Health Services will send you information,
or if you want to be contacted, will have
a representative use the information to
contact you about health coverage for
your child(ren). This information will
not be used for any other purpose.
If you have questions about this form,
please call 1-888-747-1222 (toll free).

PARENTS/GUARDIANS
Return this form to your child's school
or call 1-888-747-1222 (toll free) if you want
information or someone to contact you.

SCHOOL STAFF
Please forward this form to your School
Food Services Director or District Health Staff.

**SCHOOL FOOD SERVICES DIRECTOR OR
DISTRICT HEALTH STAFF**

Please mail this form to:
Healthy Families/Medi-Cal
for Children Request
State of California
P.O. Box 2590

Rancho Cordova, CA 95741-2590



000000 136275

**MEDI-CAL FOR
CHILDREN**

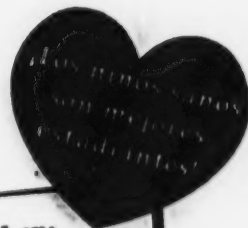
**HEALTHY
FAMILIES**

¡BUENAS NOTICIAS SOBRE COBERTURA DE SALUD!

¡Ahora más niños califican para recibir
cobertura en programas gratis y de bajo costo
de atención médica, dental y de la vista!



Si le interesa obtener más información,
llene este formulario y entrégelo a
la escuela de su niño o llame al
1-888-747-1222 (gratis).



☐ Si, por favor mándeme información y una solicitud para cobertura de salud en:

☐ English
☐ Español
☐ Հայերեն

☐ Việt Ngữ
☐ 한국어
☐ ភាសាខ្មែរ

☐ Hmoob
☐ Русский язык
☐ فارسی

☐ 中文
☐ ភាសាខ្មែរ

¿Le gustaría que un representante capacitado de Healthy Families/Medi-Cal for
Children le llame al teléfono que usted indica a continuación para ayudarle, sin
cargo, con el proceso de la solicitud? ☐ Si ☐ No

()
CÓDIGO DE ÁREA Y NÚMERO DE TELÉFONO DEL PADRE/TUTOR

NOMBRE DEL PADRE/TUTOR

NOMBRE DEL NIÑO

DIRECCIÓN/APARTADO POSTAL

CIUDAD

CÓDIGO POSTAL

CONDADO

NOMBRE DE LA ESCUELA

**Notificación sobre privacidad para
padres/tutores**
La ley nos requiere decirle qué hacemos
con cualquier información personal
que usted decida enviarnos en este
formulario. Healthy Families o el
Departamento de Servicios de Salud
le enviarán información, o si usted lo
desea, un representante utilizará la
información para comunicarse con usted
en relación con la cobertura de salud de
su(s) niño(s). Esta información no se
utilizará para ningún otro fin. Si tienen
preguntas sobre este formulario, por favor
llamen al 1-888-747-1222 (sin cargo).

PADRES/TUTORES

Regresen este formulario a la escuela
de su niño o llame al 1-888-747-1222 (gratis)
si desean recibir información o que alguien
se comunique con ustedes.

SCHOOL STAFF

Please forward this form to your School
Food Services Director or District Health Staff.

SCHOOL FOOD SERVICES DIRECTOR OR DISTRICT HEALTH STAFF

Please mail this form to:
Healthy Families/Medi-Cal
for Children Request
State of California
P.O. Box 2590

Rancho Cordova, CA 95741-2590



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Spanish

HEALTHY FAMILIES AND MEDI-CAL FOR CHILDREN

ORDER FORM

Parent Information Flyer For Schools

ORDER REQUESTED BY:

CONTACT PERSON

SCHOOL NAME

SCHOOL DISTRICT

MAILING ADDRESS

CITY

COUNTY

STATE

ZIP

()

()

PHONE

FAX

Please indicate the quantities of flyers you want in the following languages:

_____ English

_____ Hmong

_____ Cambodian

_____ Lao

_____ Spanish

_____ Chinese

_____ Korean

_____ Farsi

_____ Vietnamese

_____ Russian

_____ Armenian

Please allow 5-7 working days for standard delivery of your order.

FAX in orders to: 916/859-0778

Mail in orders to: Attn: Outreach Materials for Schools
P.O. Box 13029
Sacramento, CA 95813-4029

AVAILABLE ONLY TO
SCHOOLS, DISTRICTS
AND OFFICES OF
EDUCATION

For Office Use Only:

Date order received:

____/____/____

Date order disbursed:

____/____/____

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ORDER FORM

Created for use by Consumers Union

Order by phone. Call toll-free:
Certified Assistant HELP Line 1-888-237-6248

Order by mail: RHA HF/MCF Orders 590 West Locust Avenue, Suite 103, Fresno, CA 93650
Fax your order to RHA: 559-447-7001

Please specify delivery address for requested materials

Date _____

Organization Name / Individual Name

Business Address

City

Zip Code

Delivery Address (if different) P.O. Boxes will not be accepted

City

Zip Code

Name of Contact Person

()

()

Phone

Fax

STANDARD DELIVERY

Please allow 4 to 5 working days for standard delivery at no cost.

SPECIAL DELIVERY REQUEST

You may request to have materials shipped at your cost by:

☐ UPS ☐ FedEx ☐ Other _____

Preferred Method:

☐ Overnight ☐ 2-Day ☐ Ground

Your Billing Authorization / Account #

These materials are available free of charge in limited quantities. Some materials may be discontinued without notice.

White, 100% cotton T-Shirts with official color logo on front, (minimum order of 12).
Banners in various sizes with official color logo from \$85 to \$199 (plus tax & shipping).
To purchase contact CeCes at (213) 480-0042.

Revised 07/01

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OUTREACH AND MARKETING MATERIALS

Indicate requested quantities below

PANEL CARD

4" x 9" 200 per package.

Armenian _____
Cambodian _____
Chinese _____
English _____
Farsi _____
Hmong _____
Korean _____
Lao _____
Russian _____
Spanish _____
Vietnamese _____

READY TO COPY FLYER

8.5" x 11" (Customizable)

English/Spanish _____

TEAR OFF DISPLAY UNIT

8.5" x 11" Display (100 Sheets per Pad)

Cardboard Display _____

Eng./Span. Pad _____

TEAR OFF FLYER

8.5" x 11" (25 per package, one package per order)

English _____
Spanish _____
Armenian _____
Cambodian _____
Chinese _____
Farsi _____
Hmong _____
Korean _____
Lao _____
Russian _____
Vietnamese _____

RHA USE ONLY
Order Code

RHA USE ONLY
Order Code

71



WILL USING BENEFITS HURT MY CHANCES OF GETTING A
GREEN CARD OR BECOMING A U.S. CITIZEN?

GOOD NEWS! INS says:

If you DO NOT have a green card yet

 **It will NOT hurt your chances of getting a green card if YOU, your CHILDREN, or other FAMILY MEMBERS use:**

- ✦ **HEALTH CARE**, such as: Medi-Cal, Healthy Families, WIC, prenatal care, other free or low-cost medical care
- ✦ **FOOD programs**, such as: Food Stamps, WIC, school meals, and other food assistance
- ✦ **Other programs that do not give cash**, such as: public housing, disaster relief, child care services, job training, transportation vouchers

 **You MIGHT have a problem getting your green card later ONLY IF:**

- ✦ **YOU use CASH WELFARE**, such as: CalWORKs, Supplemental Security Income (SSI), General Assistance (GA), Cash Assistance Program for Immigrants (CAPI)
- ✦ **OR your family's only source of support is cash welfare received by your CHILDREN or other FAMILY MEMBERS**
- ✦ **OR you are in a nursing home or other LONG-TERM CARE** paid for by Medi-Cal or other government funds

Call one of the phone numbers listed on the back for more information.

If you are a REFUGEE or ASYLEE

 **You can use ANY benefits, including cash welfare, health care, food programs, and non-cash programs, without hurting your chances of getting a green card.**

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If you already HAVE a green card...

 **You CANNOT lose your green card** if YOU, your CHILDREN, or other FAMILY MEMBERS use:

- ✦ **HEALTH CARE, FOOD programs, and other NON-CASH programs**
- ✦ **CASH WELFARE**
- ✦ **LONG-TERM CARE**

 **But You MIGHT have a problem:**

- ✦ If you leave the U.S. for **more than 6 months** continuously and you have used cash welfare or long-term care.
- ✦ OR in **extremely rare cases**, if you use cash welfare or long-term care during your first 5 years in the U.S., for reasons (such as an illness or disability) that existed before you entered the country.

Call one of the phone numbers below for more information.

If you are applying for U.S. citizenship

 **You CANNOT be denied U.S. citizenship** for lawfully receiving benefits, including cash welfare, health care, food programs, and non-cash programs.

If you want to sponsor your relative

 **Using benefits, including cash welfare, health care, food programs, and non-cash programs, should not prevent you from sponsoring your relative.** But you will need to show that you or your co-sponsor earn enough income to support your relative.

FOR MORE INFORMATION, CALL:

OR CALL:

IN NORTHERN CALIFORNIA

Northern California Coalition for
Immigrant Rights

Immigrant Assistance Line:

415/543 - 6767 Spanish/English
415/543 - 6768 Chinese/English
415/543 - 6767 Vietnamese/English

IN SOUTHERN CALIFORNIA

Coalition for Humane Immigrant Rights
of Los Angeles

888/624 - 4752 Spanish/English

888/624 - 4752 Russian/English

Asian Pacific American Legal Center
713/748 - 2022 English

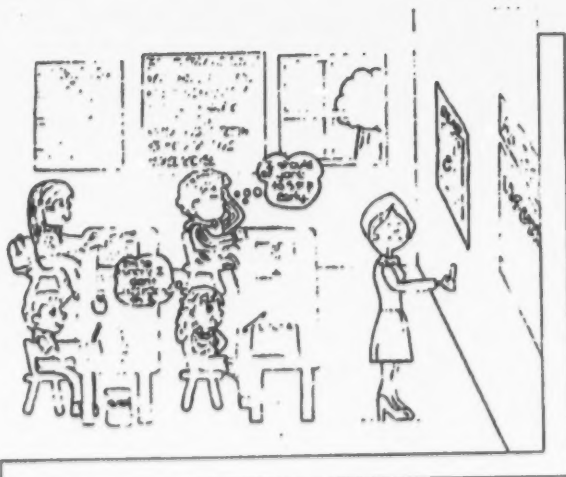
Developed by the Asian Pacific American Legal Center for the California Immigrant Welfare Collaborative, a joint project of:
Coalition for Humane Immigrant Rights of Los Angeles * National Immigration Law Center * Northern California Coalition for Immigrant Rights * Asian Pacific American Legal Center

Translations funded and coordinated by Community Values Project for Immigrant Health of Asian Health Services & L&L Clinica del Sur - Alameda County, CA; American Immigration Lawyers Association; National Asian Pacific American Legal Consortium; National Council of La Raza; National Immigration Forum; National Immigration Center; National Immigration Project of the National Lawyers Guild; and the United States Catholic Conference.

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HEALTHY KIDS HEALTHY SCHOOLS

Funded by the David and Lucile Packard Foundation



**Communities
Union**

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West Coast Regional Office
1535 Mission Street
San Francisco, CA 94103
T: (415) 431-6747
F: (415) 431-0906
www.healthykidsproject.org



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(Specific Document)

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Author(s): <u>Consumers Union, West Coast Regional Office</u>	
Corporate Source: <u>Non-profit Consumers Union</u>	Publication Date: <u>September 2001</u>

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Signature: <u>Caryn A. Lee</u>	Printed Name/Title: <u>Caryn Schwarz / Policy Analyst</u>
Organization: <u>Consumers Union West Coast Regional Office</u>	Telephone: <u>415-431-6747</u> FAX: <u>415-431-0906</u>
<u>1535 Mission Street</u>	E-Mail Address: <u>schwarz@consumers.org</u>
<u>San Francisco, CA 94103</u>	Date: <u>4/16/02</u>

Sign here, please

(over)

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